CERTIFICATI	E OF DEATH Reg. Dis	t. No. 131
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Fred	erick
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick LENGTH OF STAY (in this place) Years	CITYIIf outside corporate limits, write RURAL OR Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET (If rural give location 807 Highland Aver	/
DECEASED: (Type or Print) LILLIAN AMELIA AE	ERECHT OF Januar	(Day) (Year) by 22, 19 56
Female White Specify: Widow November	er 20, 1090 05 yrs.	Days Hours Mln.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY: even if retired): Housework Home	11. BIRTHPLACE (State or foreign country): 12 Maryland	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Jacob Early	Rosa Funk	
(Yes, no, or unk.) (If Yes, give war or dates of service) NO NOE	Mrs.Edward L. Bell, Frederick	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	e mejocardetis	De you
(C)	V	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATIO	N	YES NO X
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Courte. INJURY OCCUR?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	7:05A M, from the causes and on the date	stated above. TE SIGNED 1/24/1956
Burial Jan.24,1956 Mount Olive	et Cemetery Frederick, Mar	yland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	M. R. Etchison & Son, Frederi	ck, Maryland

VS. A15-

MARGIN RESERVED FOR BINDING

BECEINED

BUREAU V. S.

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Itam 8 FilmG192 2-1-56 et	Reg. Dist. No.
I. PLACE OF DEATHOUGH Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Frederic
OR give percent down ick	GIFF (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville
HOSPITAL OR INSTITUTION OR Memorial Hospital	STREET (If rural, give location)
3. NAME OF DECEASED (First) (Middle) M	(Last) 4. DATE (Month) (Day) (Year OF DEATH ON 26 195
Male White 7. SNYGDE, MARRIED, Male White White MEDOWIR OHVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 h 5-25-200 686 yrs. Months Days Hours Mi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY ROLLPOOL CADINGE MAKET	Maryland U.S.A.
13. PATHER'S NAME Llard Arnold	Hattie Pearl
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (Hyes, give war or dates of WOLLO WAL service)	Mrs.Edith Arnold
Is. MEDICAL CO. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	INTERVAL BETWEE ONSET AND DEAT 3 / 24/20
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Left fighting to	splean & despray on 3/2 Les
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No [
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	Burcksville Frederick Md
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY OCCURRED While at Not while work at work	Self influer occurr and chot wound
obtained by said Autopsy, Inspection or Inquiry, find that said defrom: natural causes [], accident [], suicide [], homicide [] SIGNATURE (Degree or title)	Relian Examiner Jan 26/956
Burial I-28-56 Union	ERY OR CREMATORY LOCATION (City, town, or county) (State) Burkittsville, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	2'C-H. Feete and Bro. Brunswick, Mds

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN-RESERVED FOR BINDING

The correct age

BUREAU V. &

PECELVED 30 1956

The bottom copy may be retail TO ATTENDING PHYSICI,

VS A15C 1-55 10M

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CERTIFICATE OF DEATH

			131
Rea.	Dist.	No.	737

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	
county Frederick	MARYLAND	STATE Maryla	nd county	Frede	rick
OR and give nearest town	LENGTH OF STAY	EHY- (if outside corpor	ate limits, write RURAL e	nd give nearest to	own)
Frederick-Rural-R.D.#4	(in this place) Years	OR TOWN	derick-Rura	1_P n #1	v
HOSPITAL OR	1 10010	STREET	(If tural giv		
institution or street Address Cap Stine Road		ADDRESS	on China Da		- /
3. NAME OF (First) (A	(iddle)	(Lest)	AD Stine Ro		(Yeer)
(Type or Print) MARGARET	ELIZABETH	AUSHERMAN	OF		
S. SEX 6. COLOR OR 7. SINGLE, MARRIES	B. DATE O	F BIRTH S	P. AGE lest birthday	January IF UNDER 1 YEA	19 56 AR (IF UNDER 24 HRS.
Female White (Specify) Wide		3. 1872	83 уп.	Months Day	rs Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS	11. BIRTHPLACE (State or foreig		12. Cl	TIZEN OF WHAT
and a discount of the second o	ndustry nestic	Marvland			DUNTRY?
13. FATHER'S NAME	162016	14. MOTHER'S MAIDEN IN	IAME	1 0	ISA
Sniveley Flook					
	SOCIAL SECURITY NO.	Mary &		D. #Ц.	
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Vone		Ite E		and also Ma
	18. MEDICAL CER		E. Zimmer		NTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					ONSET AND DEATH
794% IMMEDIATE CAUSE (A)	Simility				2 months
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE					
STATING UNDERLYING CAUSE LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION				20. AUTOPSY?
OL ACCIDENT MAC INDESIVING THE ONL STACE HE					YES NO XX
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off (IF EITHER, NOTIFY MEDICAL EXAMINER)	ice bidg., atc.)	tic, WHERE DID INJURY OCCUR	? (City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. (Whita	Not while	211. HOW DID INJURY OCCUR	?		
22. I hereby certify that I attended the deceas	1 11	1055 to 120	· / 10 56	that I last	cave the deep-
alive on 15, 19, 55, and	that death occurred at	5:00A M from the c	outer and on the	, indi i idsi	saw me deceased
SIGNATURE		ADDR	ESS (Street, city, town	n, sieta)	DATE SIGNED
Kus a Martin	M.D.	Frederick	, Maryland		1/3/1956
23. BURIAT, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, town		(State)
	Mount Olivei	t Cemeterv	Freder	ick, Ma	rvland
		Cemetery 2s. FUNERAL DIRECTOR'S		ADDR	ES5
DATE 39am, 1956 Elischette 9	of took	M. R. Etchiso	n & Son.Fre	ederick.	Maryland

AT SECURITIAN STATE OFFICE OF SECURITION OF ATT WELL AND A SECURITION OF A SEC

CERTIFICATE OF DEATH





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MYASU TO STADISTINGS 10011 ALCO VELE Leather Track - 21 Nambrille gada. BUREAU V. S. SEL DE MAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 8, File CATE OF DEATH Reg. Dis

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	or Disa Hogy
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Frederick MARYLAND	STATE M. Dakota, COUNTY Mc Heury
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest t
OR and give nearest town) (in this place) 1 TOWN Frederick 16 downs	TOWN Purel - 1100 - 7/X-3
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR A STREET ADDRESS TO A STREET A STREET ADDRESS TO A STREET ADDRESS TO A STREET A STREET A STREET A STREET A STRE	ADDRESS
Therewer Minister Hospi	(Last) 4, DATE (Month) (Day) (Year)
DECEASED	BEARD DEATH: Jan 6 195
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 1876 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24
m W (Specify): Single Jan. 1	3 18/74 19 yrs. Months Days Hours
10A. USUAL OCCUPATION (Give kind of 10B. KIND) OF BUSINESS work done during most of working life, OR INDUSTRY:	fi, BIRTHPLACE (State or foreign country): 12. CITIZEN OF W. COUNTRY?
even if retired) Farmer own farm	maryland USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John D. Beard	Barbara Ellen Burrier
15. WAS OCCEASED EVER IN U.S. ARMED FORCES! (S. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
of service)	mrs. Erwest Garber Fred, RI ml.
18. MEDICAL CERTIFICAT	ION INTERVAL BETY
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND D
IMMEDIATE CAUSE (A) OWN	Unal Heimmerhan
DUE TO	
ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS, IF ANY, (B)	helat.
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
(C)	the Law and the la
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPS
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (15 EITHER, NOTIFY MEDICAL EXAMINER)	cory, 21c. WHERE DID (City or town) (County) (State etc. INJURY OCCUR?
2ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
M. at work at work	1/21/1/1/
22. I hereby certify that I attended the deceased from	, 19 5, to 20, 19 othat I last saw the dece
alive on m 9 1950, and that death occurred at	M, from the causes and on the date stated above.
SIGNATURE M. MIN /	ADDRESS JULIE JONED 5
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	
REMOVAL (SPECIFY) Jan. 9. 1956 Place	my Like to them m
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REGISTRABLIZIONE & Courd	y. C. Barton, Walker swille, med

VS. A15-10-53

BUREAU V. S.

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es es	MARYLAND STA	TE DEPARTMEN	T OF HEALTH—BALTI	MORE, 18 00546
y. Th	, 554 C	ERTIFICATI	E OF DEATH	Reg. Dist. No. 131
	1. PLACE OF DEATH:		2. USUAL RESIDENCE CHOME) OF DECEASED:
carefull legibly.	COUNTY Frederick	MARYLAND	STATE Maryland co	Frederick
tion ca and le	CITY (If outside corporate limits, write RUI OR and give nearest town) / FOWN Frederick	RAL LENGTH OF STAY (in this place) Years		s, write RURAL and give nearest town
nformal	HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 West Patric	k Street	ADDRESS	rai give location) atrick Street
<u> </u>	3. NAME OF (First)	(Middle)	(Last) 4. DATE	(Month) (Day) (Year)
m of i	(Type or Print) WILLIAM	D.	BOWERS CEATI	H. January 23, 19 56
it of	Male White (Specify): [arried Septemb	of BIRTH. 9. AGE last bird er 16,1895 60	thday If UNDER 1 YEAR IF UNDER 24 HR9. Months Days Hours Min.
y every	work done during most of working life, even if Rejectived Farmer	wher	Maryland	n country): 12. CITIZEN OF WHA COUNTRY?
ppl the	13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Su	Harry W. Bowers		Anna I. Fox	
INK. Supply se write the	(Yes, no or unk.) (If Yes, give war or dates of service)	None	Mrs. Norma A. Bowers	7 West Patrick Street, Frederick, Maryland
ING IN please	I DISEASES OR CONDITIONS DIRECTLY LE	MEDICAL CERTIFICAT ADING TO DEATH	ION	INTERVAL BETWEEN
FAD ans:		A) Unemi	3	gmo math
	ANTECEDENT CAUSE (8)		1 1 11	16
ITH UNFAI Physicians:	GIVING RISE TO THE ABOVE CAUSE DU STATING UNDERLYING CAUSE LAST.		domenulo relativi	Tis years
nt.	II OTHER SIGNIFICANT CONDITIONS CON	C)		
rta	TO THE DEATH BUT NOT RELATED TO TH	E		
IN Sd	DISEASE OR CONDITION CAUSING DEA	THNDINGS OF OPERATION	ı	
PLAI ly _e in				20. AUTOPSY1
FRITE PLAINLY, W. especially important.	21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH OF II			, , , , , , , , , , , , , , , , , , , ,
R WR is es _l	OF INJURY M.	Vhile Not while twork at work		
E OR	22. I hereby certify that I attended the	deceased from . NOV	, 1957-, to //2.3 ., 195	6, that I last saw the deceased
田麗			7:30P M, from the causes and ADDRESS	
SE TYI	James Thomas		D. Frederick, Maryl	and 1/24/1956
00 0	23 BURIAL, GREMATION, DATE THEREOF	NAME OF CEMETE	RY OR CREMATORY LOCATION	(City, town, or county) (State)

PLEASE

MARGIN RESERVED FOR BINDING

VS. A15-10-53

Mount Olivet Cemetery Frederick, 24. FUNERAL DIRECTOR ADDRESS
M. R. Etchison & Son, Frederick, Maryland

Maryland

s 'A AT. .

1.3.19.200

New Cathedral Cem.

NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county)

Baltimore, Md.

Baltimore. Md.

John WERN HOTER TO BE Balto. Sepress

23. BURIAL, CREMATION,

DATE REC'D BY LOCAL

Burial

REGISTRAR 7

REMOVAL (SPECIFY)

THEREOF

BUREAU V. S.

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BECEINED

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 13]

'aı			
The	I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	7 73
	COUNTY Frederick MARYLAND	STATE Maryland COUNTY	Frederick
\mathbb{R}^{2}	GUPA (If outside corporate limits, write RIBAL, and & LENCTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
33	OR give nearest town) (in this piace)	POWN Nr. Buckeystown	Y
5 20	HOSPITAL OR	STREET (If rural, give location)	
2 =	INSTITUTION OR	ADDRESS Nr. Buckeystown	/
gğ	OC STREET ADDRESS		
y tio	3. NAME OF (First) (Middle)	ALast' A A OF (Month)	(Day) (Year)
arl	(Type or Print) William Roscal Por	ightivell DEATH running	11 1956
등등]	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under	I year If under 24 hrs. Days Hours Min.
P d	male totate (Sperify) oursel	Oct 1-1893 62 yrs. Months	Days Hours Min.
T ta	10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	1 11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
25 /	done during most of working life, even if retired) INDUSTRY	Maryland	USA USA
a o	Laborer I	1 14. MOTHER'S MAIDEN NAME	0011
- S		Emma Stultz	
5 2	James Brightwell	117. INFORMANT AND ADDRESS (Nephew) F1	rederick Md.
20	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) { (If yes, give war or dates of 000 05 6000		
지축기	lservice) 1220-05-0503	Mr. Russell Brightwell - B & O A	avenue
Supply every item of Information carefully, write the causes of death clearly and legibly.	18. MEDICAL CE	RTIFICATION	INTERVAL BUTWEEN
NE I	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
92 55		Grambous	1/2 hr.?
조 · 8	Immediate cause (a) Coronary	wantowa.	
INK. please			Interes 1
r5 m	Antecedent cause(s) Diseases or conditions, if any, (b)		10100-1
Z	giving rise to the above cause	na wan a na ma matan abu u u ana waka anah u mba apan apan apan apan apan apan apan ap	- 10:00 04:00 000000000000000000000000000
<u> </u>	stating the underlying cause last]
A I	(6)		
문입	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
5	related to the disease or condition causing death.		
T 6	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Ef	t l		Yeu 🗆 No 🌃
WITH UNFADING important. Physicians:	21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)) (STATE)
	PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.		
25	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!	
Z	OF INJURY m. While at Not while work □ at work □		
A1			
F 8	22. 'I certify that I took charge of the remains described above, held an A	Autopsy , Inspection R, Inquiry thereon and	from the evidence
(+2) ·25	obtained by said Autopsy. Inspection or Inquiry, find that said dece	eased died on the dry stated above, and death in my	opinion resulted
Ë	from: natural causes of accident [], suicide [], homicide],	undetermined .	DATE SIGNED
E	SIGNATURE (Degree or title)	ADDRESS Fraderick, Ind	
WRITE PLAINLY is especially	All Thomasin & Deputy medica	(sermones)	n. 12-56
	23. BURIAL CREMATION I DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, of coun	ty) (State)
PLEASE	TPRAKE () LEAR ! (Conneiller)	1	
EA	puriat isu. It. 1220, Wonit Oliv	et Cemetery Frederick,	Maryland ADDRESS
7	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		
Before	1880 1956 Elichath & their	C. E. CLINE & SON - FREDERICK,	MARCILAND

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. /38

9	1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
The	COUNTY FREDERICK MARYLAND	STATE // (D V) A // COUNTY	FIDENEDIAL
50	CITY (If outside corporate limits, write RURAL and LENGTII OF STAY	CITY (If outside corporate limits, write RURAL and give	negrest town)
E SE	OR givo nearest town) TOWN NEW MARKET (in this place)	TOWN NEW MARKET	
eg	HOSPITAL OR	STREET (If rural, give location)	
25	INSTITUTION OR STREET ADDRESS	ADDRESS	
ion rai	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
arly arly	OECEASED WALTER E. B	URALL DEATH JAN	36 1956
cle	6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1	year If under 24 hrs.
타크	MALL VVHILE (Specify) W/DOWED	(LbU 2 1 1881 17 yrs.	Days Hours Min.
of information carefully death clearly and legibly.	10a. USUAL OCCUPATION (Give kind of work damage damage most of working life, even if retired) RETIRES ARMING		CITIZEN OF WHAT
Ed/	RETIRED FARMER FARMING	14. MOTHER'S MAIDEN NAME	USA_
it see	TESSE M RURALLI SR	DELILAH SHEETENH	ELM
every item	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	E F/M
be c	(Yes, no, or unknown) (If yes, give war or dates of service)	MRS MARY MC GOLERICK N	F WMARKET
ply e tl	18. MEDICAL CE		
Suppl write	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Se.	Matatata Ann	still and	7
INK. please	Immediate cause (a) ME (as I alle Curto	unome of the colon.	24/12
Ha	Antecedent cause(s)		0
D'S	Diseases or conditions, if any, (b)		Committee of the second of the
icis	stating the underlying cause last		
WITH UNFADING mportant, Physicians:	11. OTHER SIGNIFICANT CONDITIONS	-	
6-1	Conditions contributing to the death but not related to the disease or condition causing death.		
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Et.			Yes 🗆 No 🖫
WITH U	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
m*************************************	HOMICIDE INJURY	1	
54	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
ec.	INJURY m, Work At work		
WRITE PLAINLY is especially	22. I hereby certify that I attended the deceased from	1954 to //30 1936 that I last sa	w the deceased
F1 25			3 1.
Ē	alive on	ADDRESS and on the date sta	ted above. DATE SIGNED
E	A The Man	F. D. = 4 = 2	101 - 2
	January Mornos, MISD.	FRYDERICK MD 7	106.
PLEASE	The state of the s	RT OR GREMATORY LOCATION (City, town, or county	(State)
EA	DATE SECO BY LOCAL KEHISTRAR'S SIGNATURE	HILL CEMETER HR MONROVIA	ADDRESS
PL	PFC .	W. E. Tialconer New M	and the
	FEB1:1956 Vercian & Felconer	- Co, C. Orac cores pelo ipi	unies 149

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VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 138

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I. PLACE OF DEA	THE		IL 2. USUAL RESIDENCE (HOMES OF DECEASE	ED.	
COUNTY	derick	MARYLAND	STATE Virgini		COUNTYWE	arren
CITY (If outside	corporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RUR/	AL and give ne	earest town)
X TOWNT Tede	Tick-Rural R.D.;	#6 (in Hibitaribace)	TOWN From	nt Royal		
HOSPITAL OR INSTITUTION			STREET	(If rural, give le	ocation)	,
STREET ADDR	Ess North East B	ank of Jug Bridge	ADDRESS 104 T	West 18th.St	reet	
3. NAME OF	(First)	(Middle)	(Last)		ontb) (L	Ony) (Year)
DECEASED (Type or Print)	MANLEY	CLETUS	CAMPBELL	OF DEATH J	anuary	19), 1956
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 ye	ar If under 24 hrs.
Male	White	WIDOWED, DIVORCED, (Specify) UNK	12 July 1904	51 yrs.	1	
done during most of Salesman	PATION (Give kind of work working life, even if retired)	horessie Grocery	Virginia	or foreign country)	UGON UGON	ITIZEN OF WHAT
13. FATHER'S NA	ME	<u> </u>	14. MOTHER'S MAIDEN	NAME		
Henry Ca	7		Unknown			
15. WAS DECRASED (Yes, no or unknown	Even In U.S. Armed Forces	of i	17. INFORMANT AND A	DDRESS	+ Porral	T/o
NO	mervice)	1 661-66-0667	Maddox Funeral	nome, Fron	t HoyaL	A Gr e
		18. MEDICAL CE	RTIFICATION		LIS	NTERVAL BETWEEN
I. DISEASES OR (CONDITIONS DIRECTLY	LEADING TO DEATH	ρ	7 4	Ö	HEET AND DEATH
1017	X	Trachme to	ase of Sku	28	Q TO	denter
Immedia	ife cause (a)	//	W/			
	ent cause(s)	Fractine to	I chest			
giving rise	r conditions, if any, (b) to the above cause		and gat 60 with Every Philosophic and the 6-thering and we was better over	***************************************		
stating the	underlying cause last				J	
II ATERDA SIAMI	(e) FICANT CONDITIONS				1	
Conditions contri	huting to the death but not rase or condition causing des					
19a. DATE OF OF	ERATION 196. MAJOR	FINDINGS OF OPERATION			20	o. AUTOPSY1
						Yes 🔲 No 🔯
PRIMARY 25 OF CAUSE OF DEAT		CE (Home, farm, factory, atreet, office bldg., etc.)	(CITY OR	, _ ,	COUNTY)	(STATE)
		URY Rante 40	HOW DID INJURY OF		rick	nze
OF) (Day) (Year) (Hour)	INJURY OCCURRED While at Not while		17		
INJURY	m,	i work 🔲 at work 🗍	1 Canglitum	an car-	- · ·	.(
22. I certify that	I took charge of the rema	ains described above, held an A or Inquiry, find that said dece	Autopsy, Inspection 2	C, Inquiry [] ther	eon and from	m the evidence
oblained by so	tid Autopsy, Inspection of	r Inquiry, find that said dece	ased died on the dry state	ed above, and death	in my opi	inion resulted
SIGNATURE	at causes 1 acctaent g	C, suicide , homicide , (Degree or title)	ADDRESS 1	1 ml	1	DATE SIGNED
/	Bothoma	2nd Depatyme	ープァールメンハ	ch mi	Jan	0 -
Removal (Spe	MATION DATE THERE	OF NAME OF CEMETE		LOCATION (City, tow Front Royal	n. by county) Virgin	(State)
DATE REC'D BY		-	24. FUNERAL DIRECTO			ADDRESS
REG/-/0-5	6 Lucian	K. Talconer	M. R. Etchison	& Son, Fre	derick,	Maryland

BUREAU V. S.

I TI MAL

BECEINED

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

ı		iteg. Dist. 110	
1	I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	,
1	COUNTY Frederick MARYLAND	Maryland COUNTY	Frederick
ı	CITY (If outside corporate fimits, write RURAL and LENGTH OF STAY OR give nearest town) Frederick 1th tips place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
- [/ TOWN Frederick 10 ITS:	Town Frederick	
1	HOSPITAL OR INSTITUTION OR 1700 Persons Assented	ADDRESS 3.700 D	
	STREET ADDRESS 1/09 ROSemont Avenue	1709 Rosemont Avenue	
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
1	(Type or Print) Dan en Sacreta	Carrier DEATH Yes 12	/ 8 19 5 2
	6. COLOR OR PACE 7. SINCLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED,	II March 1099 Sw. ym.	Days Hours Min.
Ì	done during most of workless life, even if retired) 10b. Kind of Business on Industry Hospital	11. BIRTHPLACE (State or foreign country) 12 Arkansas	COUNTRY A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
-	Charles L. Carter	Nettie Tipton	
	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
4	(Yes. vo. or unknown) (If yes, give war or dates of 577-09-7183	Mrs. Mirian E. Carter, Braddock	Heights, Md
	IS. MEDICAL CE	RTIFICATION	1
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
-	1789 1.1. 9000	vida i a a a	1/2 +
	Immediate cause (a) Carlin Min	tide porterio	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
	(6)		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
1	related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSYT
1	1;		Yes [] No XX
	21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
1	PRIMARY FOR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH. INJURY ASSAULT STATES	Fractica Fractionick	11/1.
-	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
	INJURY m. work at work		
	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes [] accident [], suicide ⋈, homicide ⋈, SIGNATURE (Degree or title)	eased died on the dry stated above, and death in my	from the evidence opinion resulted
		Tracing KIM2	1/2 - 1
	- 126 11 1-11 7 +12111/2 L 2PL	2/11 322 -1 20 Zelenne	1/0/56
	Burlar (Specify) 23 Jan 1956 Arlington Na	tional Cemetery Arlington, Virgi	inia
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	20 Jan. 1956/ Eigaluth S. Heck	M. R. Etchison and Son, Frederic	ik, Ma.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

a 1 ph 10.7

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(Yeer)

IF UNDER 24 HRS

NOXIX

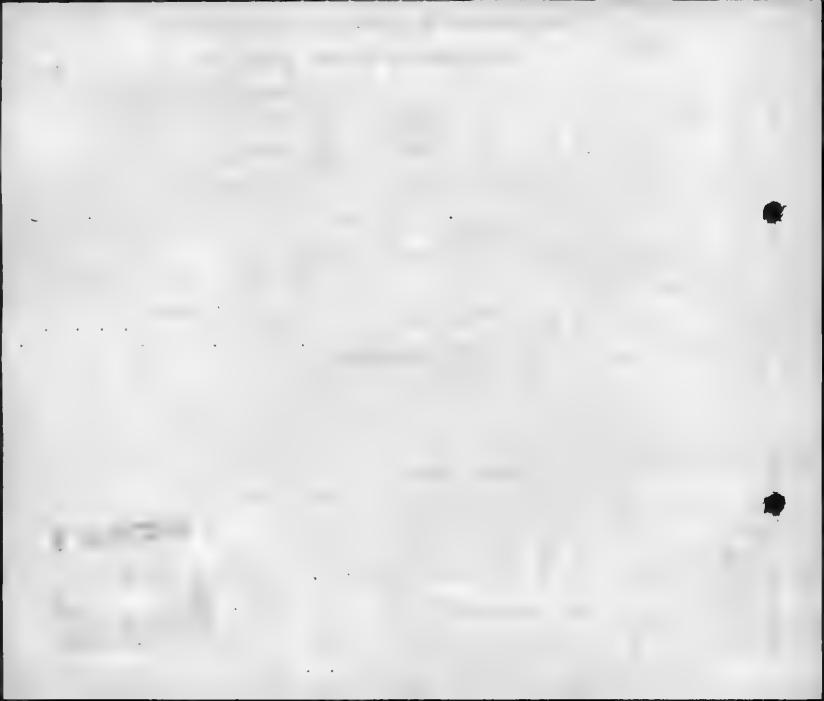
(State)

M. R. Etchison & Son, Frederick, Maryland

(State)

19

Hours



registrar within 72 hours after death. After this by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the certificate has been executed by the attending physician and completely filled in death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be refs...

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

560

CERTIFICATE OF DEATH

00555

Reg. Dist. No. 131

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporate fimits, write RURAL and give negrest town)
OR end give neetest town) Frederick Gin this plece) Years	OR Frederick
HOSPITAL OR INSTITUTION OR 243 East Sixth Street	STREET (If ruref give focetion) ADDRESS 417 South Market Street
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Yeer)
	RANGE DEATH January 14, 1, 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C WIDOWED, DIVORCED, 15 Ma	
10e. USDAL OCCUPATION (Give kind of work done during most of working life, even if refired) House-Work At Home	11. BIRTHPLACE (Stele or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Philip H. Cline	Sarah Jane Hooper
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of service) NO NO NO NO	Richard W. DeGrange, Frederick, Md.
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 21 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO 100
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Siete)
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED While Not while et work	2ff. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from ILA 12	1956 to 400 1955 that I last saw the deceased
alive on That the property and that death occurred at signature and the control of the property of the propert	ADDRESS (Street, city, town, stete) ADDRESS (Street, city, town, stete)
23. BURIAL, CREMATION, REMOVAE (SPECIFY) Burial Date thereof NAME of CEMETERY OR 17 Jan 1956 Lutheran Ce	(01410)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 14 Jan. 1956 Elizabeth S. Hack	M. R. Etchison & Son, Frederick, Md.

BUREAU V. S.

DECEIVED IN 17 1.

15/2/ 1/2/56

Petersville, Men

A15 VS.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Frederick MARYLAND	STATE Maryland county Frederical
CITY (If outside corporate limits, write RURAL LENGTH OF STATOR and give nearest town) (in this place)	Y CITY (If outside corporate limits, write RURAL and give nearest tow
Frederick (in this place)	Frederick
HOSPITAL OR INSTITUTION OR	STREET (If rurai give location)
* STREET ADDRESS Frederick Memorial Hospital	234½ East Church Street
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) PARTHENIA ELIZABETH	DUTROW DEATH: January 9 1956
5. SEX: 5 COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WHOWED, DIVORCED.	9. AGE last birthday: If UNDER 1 YEAR IF UNDER 24 HB
Female White (Specify): Single June	
10a. USUAL OCCUPATION Give kind of 10b, KIND OF BUSINESS (work done during most of working life, INDUSTRY:	OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
even if retired):	Maryland USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
R. Claude Dutrow	Ida E. Beck
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.; 1 (Yes, no, or unk.) (1f Yes, give war or dates of	7. INFORMANT & ADDRESS:(Nephew)
(- my may an among the acot with the or desired of)	fr. Ormond Dutrow - 620 Fairview Ave. Freder
18. MEDICAL CERTIFICAT	TION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onget And De
1624 Drovek	ogenic Carcarona 6 mo
Immediate cause DUE TO	and the annual section of the sectio
Antecedent causes (s) Diseases or conditions, if any,	
giving rise to the above cause stating the underlying cause last,	
South and analyting Course tage,	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
	Yes D No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, streed office bldg., etc.) PLACE (Home, farm, factory, streed office bldg., etc.)	et, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?
1NJURY m. Work At Work	
22. I hereby certify that I attended the deceased from 9-1	19 J. J, to, 19 J. Le, that I last saw the decease
alive on /- 9, 1956, and that death occurred at	11:40 P.M., from the causes and on the date stated above.
But & Martin M2. 35	-E Church Frederick Mb 1-10-50
RETURN AL (Specify)	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Jan. 12, 1956 Mount Oliv	vet Cemetery Frederick, Maryland
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
19aus 1956 Elizabeth y teck	C. E. Cline & Son - Frederick, Maryland

NAL

137.50

00557

CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	_
Iy.	COUNTY FREDERICK MARYLAND	STATE MD. COUN	TY FREDERICK
gib	CITY (If outside corporate limits, write RURAL! LENGTH OF STAY	CITY (If outside corporate limits, write RURAL ar	
legibly	OR and give nearest town) (in this place)	TOWNLEGORE	
and	HOSPITAL OR	STREET (If rural give location)	
	INSTITUTION OR STREET ADDRESS LE GORE MINWAY	ADDRESS LEGORE (NEAR NEW	
clearly		111100	
les	DECEASED:	(Last) 4. DATE (Month) (Day	19.56
	Type or Print) CHARLES WILBUR FA 5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday: If UNDER 1 YO	
death	M RACE: WIDOWED, DIVORCED, 3/26		ys Hours Min.
	10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF		CITIZEN OF WHAT
Jo,	work done during most of working life, INDUSTRY:	Mars It is a live of	COUNTRY?
88	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	. 3. 4.
causes	Reguer FARIEY	O 14	
the	15 WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No.: 17.	MARY) MARTIN	
		ILHELMINA FARLEY; LEGORE, 1	Mp.
write	18. MEDICAL CERTIFICATI		1
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between
S S	33/X	, I herrarles.	Onset And Death
please	Immediate cause (a)		4.001
	Antecedent causes (s)	. //-0	10.0
ลทธ	Diseases or conditions, if any, giving rise to the above cause	a december .	
ici	stating the underlying cause last. DUE TO		
Physicians:	11. OTHER SIGNIFICANT CONDITIONS	/	!
	Conditions contributing to the death but not related to the disease or condition causing death.	V	
int	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
rts	<u> </u>		Yes No
important.	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street SUICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (S	TATE)
	HOMICIDE		
3113	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY	HOW DID INJURY OCCUR?	
especially	22. I hereby certify that I attended the deceased from /2	4-,19 53, to Jan. 16, 19 56, that I last	nam the deceased
esp			
5/0	alive on All. /S, 19 .S., and that death occurred at SIGNATURE (Degree or title)	3 P.M. from the causes and on the date	stated above.
96	(Ndego ULA)	lluiser Bruken mad	1-17-56
40 00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE.		unty) (State)
	BURIAL 1-19759 OHK LAWN	CEMT. BALTO. CO.	MP.
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	P.F. Alothuran 3218 Huden	ADDRESS (24)
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONT. CAMPINERALIZATION - 200 FOR TOTALIZATION	~ VV~ . [0 1 1]

VS. A15

PLEASH WRITE PLAINLY, WITH

UNFADING INK. Supply mvery item of information carefully. The correct

MARGIN RESERVED FOR HINDING



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH EOD MEDICAL EVAMINEDS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information camfully. The correct age is especially importent. Physicians: please write the causes of death hearly and legibly. 592 į,

FOR MI	EDICAL EA	AMINERS	Reg.	Dist. No	
I. PLACE OF DEATH. COUNTY Frederick MARYL	STA	UAL RESIDENCE (I	HOME) OF DECEASI	COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH			ate limiter write RUR		own)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STI	REET DRESS	(If rural, give I	cation)	
3. NAME OF DECEASED (First) (Middle) (Type or Print) William Olbert		sht.	OF (-/	onth) (Day)	(Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MAR WIDOWED, DIT (Specify)	exist !	TE OF BIRTH -14-187#	9. AGE last offthday yrs.	If under I year If u Months Days Ho	inder 24 hr. ours Min.
10a. USUAL OCCUPATION (Give kind of work done during meet of working life, even if retired) INDUSTRY	7	RTHPLACE (State of	rd	12. CITIZEN COUNTRY	OF WHAT
David Farsht		OTHER'S AMAIDEN	NAME		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	RITY NO. 17. IN	PORMANT In P. Fare	Lt. Myers	rille 7	rd.
18. M	EDICAL CERTUFICA	TION	0	1.	D
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DE.	A'TII				L BETWEEN ND DEATH
· · ·	~ ~ ~ ~ ~	. 11		1664	V
Immediate cause (a)	un or	cecera			our
Antecedent cause(s) Diseases or conditions, if any, (b)	<u> </u>	***************************************	gannan sudanandbas bernes, skrets A		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
stating the underlying cause last					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	ERATION			20. AUT	OPSY?
**************************************				Yes 🗆	No
21. EXTERNAL CAUSE WAS PRIMARY On CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.		(CITY OR		COUNTY) (ST.	ATE)
	RED HOW while work	DID INJURY OC	CUR?		
22. I certify that I took charge of the remains described above obtained by said Autopsy, Inspection or Inquiry, find the	e, held an Autopsy	, Inspection], Inquiry [] there	con and from the	evidence resulted
from: naturol causes , orcident , suicide , ho SIGNATURE (Degree or	micide [], undete	ermined [].	1 1 2 2		SIGNED
Blownes Md Define	Topridice	el zian	inet In	Jan. 10	9-53
REMINVAL (Specify) 1-22-1956 U.B.	Cemeter	*	Italfanil	n, of county)	(State)
Jan 21,1956 Play m. Bitt	le Bl	meral directo	Co. middis	stown 7	nd.
			7		

MARGIN RESERVED FOR BINDING



the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be re-

562

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00559

CERTIFICATE OF DEATH

	Reg. Dist. No				
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
	COUNTY Frederick	STATE Maryland county Frederick			
	CITY (If autside corporete limits, write RURAL LENGTH OF STAY	CTTY (if outside corporate limits, write RURAL end give neeres) lown) OR			
	OR and give nearest town) TOWN Frederick Nd. 2 weeks	Thurmont .Md .			
	HOSPITAL OR	STREET (if rural give location)			
	INSTITUTION OR STREET ADDRESS Frederick Mcmorial Hostital	ADDRESS			
-	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)			
	(Type or Print) 1= the E/ Virginia F	OF DEATH			
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF	F BIRTH 9. AGE lest birthday 1 IF UNDER 1 YEAR 1 IF UNDER 24 H			
-	RACE WIDOWED, DIVORCED,	Manthe I Dave Mouve I May			
		1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT			
ı	done during most of working life, even if OR INDUSTRY	COUNTRY?			
7	refired) Housewife Own home	Maryland USA			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Thomas Stouffer				
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS			
\wedge	NO 217-03-4641	Oscar R.FogleThurmont, Md.			
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
	D. 1	rotalism Minutes			
	! IMMEDIATE CAUSE (A) Fluffittidity	TODG (127)			
	DISEASES OR CONDITIONS, IF ANY, (B)	605,5 left / 2100x4 / 30 0 /100			
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				
	(C)				
	TO THE DEATH BUT NOT RELATED TO THE				
	DISEASE OR CONDITION CAUSING DEATH. CONTO 172 14	14mbasis 3 Jours			
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION/	20. AUTOPSY?			
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, 2	YES NO [] NO [] YES NO [] YES NO [] YES NO []			
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Itc. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
		21f. HOW DID INJURY OCCUR?			
	M. et work at work				
	15/59	1065 to 1/6 1056 to 1/1 to 1			
	alive on	19, 19, that I last saw the decease			
5	SIGNATURE	ADDRESS (Street, city, town, stete) ADDRESS (Street, city, town, stete)			
10M	Henry L. Chare, mo. 4.	1. /1. 71. 18 E. b. 1 / 1/0/0/10/0/			
1-55	23. AURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)			
A15C 1-55		(4.2.4)			
S X	SUTTIAL 1/8/56 Blue Fides	e Cemetery Thurmont, Md			
>	11-19 110 8/1.14 42/				
	DATE - Blisstell H. Ricky	M.L. Creager and Son Thurmont .Md.			

S A CITY

The bottom copy may be re-

593

CERTIFICATE OF DEATH

131 Reg. Dist. No.....

	1, PLACE OF DEATH		2. UBUAL RESIDEN	CE (HOME) OF DE	SEABED			
	county Frederick	MARYLAND	state Marylar	id county	Frederick			
		LENGTH OF STAY		ate fimits, write RURAL end	give nearest town)			
	OR end give neerest town) Jefferson-Rural	(in this piece)	OR TOWN TAFFAR	cson-Rural				
	A	5 Yrs.	0ellel		1 1 1	200		
	HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rurel give	юсеноп)	\$		
	street Address Gene Hemp Road		Gene	Hemp Road				
	3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month) (Dey)	(Year)		
	(Type or Print) MABEL LI	ZZIE F		DEATH J	anuary 15			
	5. SEX 6. COLOR OR 7. SHIGTE, MARR		F BIRTH S	_		IF UNDER 24 HRS.		
	Female White (Specify) Mar		rch 1878	77 ym.	Months Days	Hours Min.		
	10e. USUAL OCCUPATION (Give kind of work 10b. Kin	ID OF BUSINESS	11. BIRTHPLACE (State or foreig	in conutry)	12. CITIZE	N OF WHAT		
1	done during most of working life, even if relired) House-Work At	Home	Maryland		USA			
1	13. FATHER'S NAME	7 170100	14. MOTHER'S MAIDEN N	IAME				
	Jacob P. Hesson		Mary E. Men	rcer				
		SOCIAL SECURITY NO.	17. INFORMANT & A					
_	(Yes, po, or unk.) (If Yes, give wer or detes of service)	None	Mar Com?	Tracel en	To fform	m 113		
- i	No			A. Tressler,		RVAL BETWEEN		
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
	4427 IMMEDIATE CAUSE (A)	CLAC - I CATA	San Carallan E	free to the same of the same of	- 5	3 428		
	ANTECEDENT CAUSE(S) DUE TO							
	DISEASES OR CONDITIONS, IF ANY, (B)							
	STATING UNDERLYING CAUSE LAST. DUE TO							
	(C)							
	TO THE DEATH BUT NOT RELATED TO THE				[
	DISEASE OR CONDITION CAUSING DEATH.							
g.,	196, DATE OF OPERATION 196, MAJOR FINDINGS		NO XX					
9)			LANGER DIE BLUMM OCCUM	9 100		(State)		
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, OF INJURY Street,		Tic. WHERE DID INJURY OCCUR	(City of town)	(County)	(State)		
			211. HOW DID INJURY OCCUR	?				
	M. etw	le Not while ork	,					
			12 5 pt . 121	1111 1031		.1 1 1		
	22. I hereby certify that I attended the decerative on the standard of the sta	ased from	19	Milanding 19 Bridge	4 mar Llast sav	w the deceased		
	alive on allowing and allowing and	that death occurred at		auses and on the da	ite stated abov	8.		
10A	SIGNATURE		ADDR	ESS (Street, city, town,	state) I	DATE SIGNED		
50	1 E. 4 O. P	M.D.	Middletown, Mar		/	15-56		
1-55	23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (Cily, town,	er county)	(State)		
A15C	Burial 18 Jan 1956	Fairmount C	emetery	Libertytow	n. Marvla	and		
VS /	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1	25. FUNERAL DIRECTOR'S		ADDRESS			
-	1 . 1 CD 1 C	111 1	M D BL-L	P O T		3/4		
	DATE 16 Jan, 1956 Elys VIII	0. 15 242	M. R. Etchis	on & don, fr	ederick,	MCLe		

BUREAU V. S'

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BUREAU V. E.

DECENVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00562

581

1. PLACE OF DEATH

TOWN

3. NAME OF

Female

HOSPITAL OR

INSTITUTION OF

STREET ADDRESS

DECEASED

(Type or Print)

13. FATHER'S NAME

(Yes, no, or unk.)

COUNTY Frederick

Brunswick

COLOR OR

White to

ANTECEDENT CAUSE(S)

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

(Month) (Day)

DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

IIF EITHER, NOTIFY MEDICAL EXAMINER

19a. DATE OF OPERATION

21d. TIME OF INJURY

alive on.

Buria 24. REC'D BY REGISTRAR

BURIAL, CREMATION

REMOVAL (SPECIFY)

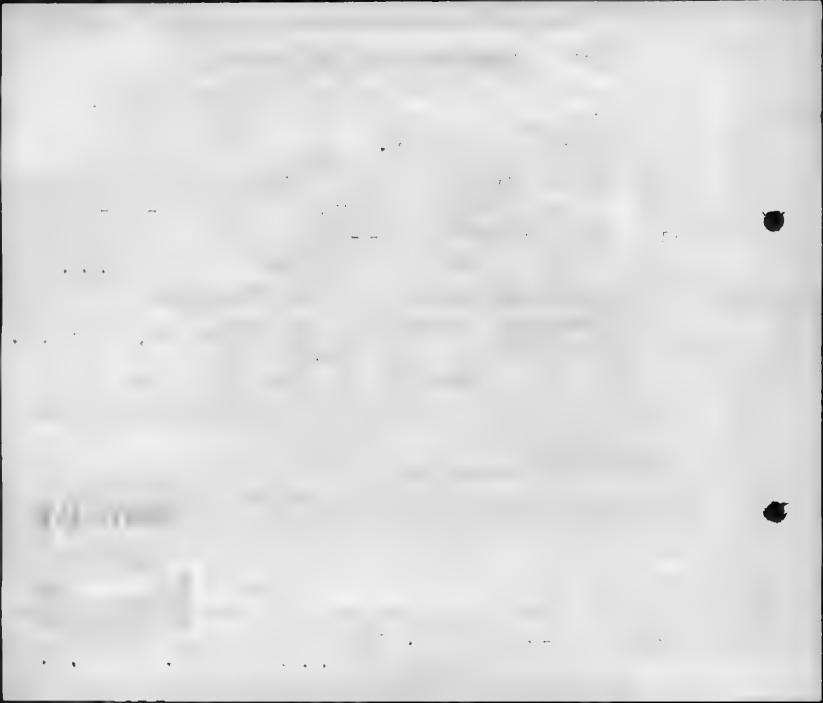
CERTIFICATE OF DEATH

Reg. Dist. No.... 2. USUAL RESIDENCE (HOME) OF DECEASED Maruland Frederick MARYLAND (If outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give negrest town) (in this place) Brunswick TOWN (If rural give location) ADDRESS East Potomac East Potomac (Middle) DATE (Month) (Day) (Yaar) Hamilton 56 Georgianna Rebecca DEATH 12-2-1910 SINGLE, MARRIED AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. SYMPOWED DIVORCED, Months Hours VIS. 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12 CHIZEN OF WHAT done during hest of working life, evan if ON MANAGERY Maryland 14. MOTHER'S MAIDEN NAME Katie Viola Biser John William Hamilton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (If Yes, give war or dates of service) Mary Jane Hamilton, Brunswick, Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH [A] DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21c. WHERE DID INJURY OCCUR? (City or lown) 21b. PLACE (Homa, ferm, factory, (County) (State) OF INJURY street, office bldg., atc.) (Year) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work at work Ox 4 1956, that I last saw the deceased ..., and that death occurred at.... ...M, from the causes and on the date stated above. M. D. NAME OF CEMETERY OR GREMATORY DATE THEREOF LOCATION (City, town, or county) I-7-I956 Mt.Olive Frederick Maryland 25. FUNERAL DIRECTOR'S SIGNATURE C. H. Feete and Bro. BrunsWick, Md. REGISTRAR'S SIGNATURE

affending certificate

death

A15C



(IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour)

The

every

Supply

UNFADING

WITH

WRITE

OR

TYPE

PLEASE

OF "INJURY

SIGNATURE

MARGIN RESERVED FOR-BINDING

YES

(State)

(County)

	5.	CERTIFICATI	G OF DEATH Reg. Dist. No. 272
-	efully.	I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
Z.	≥ Q.0	COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick
	tion ca and le	CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick LENGTH OF STAY (in this place) HOURS	or Frederick-Rural RD#6
	orma	HOSPITAL OR INSTITUTION OR Frederick Memorial Hospital	STREET (If rural give location) ADDRESS Bartonsville
	inf	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)

death DECEASED: EARL HARGETT January 19.1056 (Type or Print) DEATH: item 5. SEX SINGLE. MARRIED DATE OF BIRTH. 6. COLOR OR 17. 9. AGE last birthday: IF UNDER ! YEAR ¥0 WIREWED, DIVORGED Months

White 10 March 1892 (Specify): Married OA. USUAL OCCUPATION (Give kind of work done during most of working life, 10B KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT Day Laborer COUNTRY Maryland even if retired): Laborer

13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Mahala Catherine Griffith Simon W. Hargett 17. INFORMANT & ADDRESS: WAS DECRASED EVER IN U.S. ARMED FORCEST

(Yes, no, or unk.) (If Yes, give war or dates IInk Mrs. Nellie B. Hargett, RD#6, Frederick, Md. of service)

18. MEDICAL CERTIFICATION INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH

IMMEDIATE CAUSE ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(C) IX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 198. MAJOR FINDINGS OF

While

at work L

especially 21A. ACCIDENT WAS UNDERLYING [218. PLACE (Home, farm, factory, 21c. WHERE DID OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?

21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while at work

22. I hereby certify that I attended the deceased from and, 1948, to Jan 1957, that I last saw the deceased alive on .. Jan 19 , 19 57., and that death occurred at 7:30PM, from the causes and on the date stated above. DATE SIGNED Frederick, Maryland 20 Jan 1956

(City or town)

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Frederick, Maryland Mount Olivet Cemetery 24. FUNERAL DIRECTOR BY LOCAL M. R. Etchison & Son, Frederick, Maryland

VS.

a A Tring

e)	595 maryland state departmen	T OF HEALTH—BALTIMORE, 18	00563
r. The	It m 9, Film 191 1-13-56 et CERTIFICAT	E OF DEATH Reg. Dist.	No. 139
/ ¥ ≥	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
carefully.	county Frederick MARYLAND	state Maryland county Balt	imore City
S a		CITY(If outside corporate limits, write RURAL a	nd give nearest town)
tion	X TOWN Cullen 7691 days	Town Baltimore	Old at sign
item of information of death clearly and	HOSPITAL OR INSTITUTION OR Victor Cullen State Hospital	STREET (If rural give location) ADDRESS 2214 Poplar Grove St	reet,
ii c	3. NAME OF (First) (Middle)		Day) (Year)
em of i	(Type or Print) Kathryn C.	Hargadon OF January	4. 19 56
	Female White Specify: Single Dec.	3, 1894 9. AGE last birthday ** FUNDER 1 V Months D	EAR IF UNDER 24 HRB.
every	work done during most of working life, even if retired): Nurse Nurse	11. BIRTHPLACE (State or foreign country): 12. Delaware	COUNTRY?
Ply e c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Supply te the c	Dominic Hargadon	Della Coffay	
1	15, WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
INK.	(Yes, no, or unk.) (If Yes, give war or dates of service)	Deceased.	
UNFADING INK.	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	rion	INTERVAL BETWEEN ONSET AND DEATH
AD 3:	IMMEDIATE CAUSE (A) Pulmonary	Tuberculosis	31 years.
I an	ANTECEDENT CAUSE (8)		
U	DISEASES OR CONDITIONS, IF ANY. (B)		
WITH UNF.	STATING UNDERLYING CAUSE LAST.		
100	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		1
PLAINLY, W	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		}
N E	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
. 7	0		YES NO X
-	21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (Count INJURY OCCUR?	y) (State)
S	ZID. TIME (Month) (Day) (Year) (Hour) ZIE INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
1	22. I hereby certify that I attended the deceased from Dec.	14 . 19 34 to Jan. 4 . 19 56 that I last	saw the deceased
(년 ^설	alive on Jan. 4, 1956, and that death occurred at	11:45M. from the causes and on the date	stated above.
TT	SIGNATURF	F +	E SIGNED
E TY	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	I.D. Cullen, Maryland Janu	ary 6, 1956 (State)
PLEASE	Burial (specify) 1-9-56 New Cathed		nominal (nombe)
PL	DATE REC'D BY LOCAL REGISTRATS SIGNATURE REGISTRAR 1/5/56	M. L. Creager & Son, Thurmon	ADDRESS, Md.

S.V.

3 4 % B

OR HOSPITAL: The law requires that the death The bottom copy may be ret ATTENDING PHYSICI

2

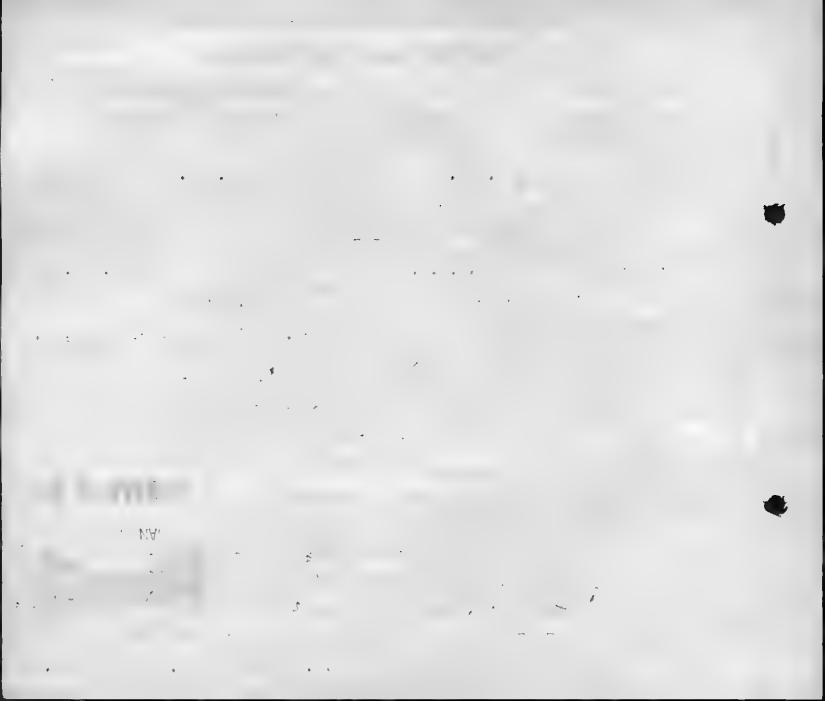
the registrar within 72 hours after death. After this in by the funeral director, the third copy of this TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

d by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

582 CERTIFICATE OF DEATH 00565

1. PLAC	E OF DEATH				2. USUAL RE	SIDENC	E (HOME) OF	DECEA	BED		
COUNT	Frederi	sk	MAI	RYLAND	STATE Mar	refve	יול כסטאדו	Fre	deric	· le	
CITY	(If outside corporate limi	ts, write RURAL	LENGT	H OF STAY	CITY (It outside	de corpora	e limits, write RURAL	and give	nearest town	4.53	
TOWN	endBirunswi)	sk	65	years	TOWN E	runs	wick				
HOSPITA	AL OR				STREET		(if rure)	ive foceti	on)		
INSTITU	TION OR TIS	51	h.Ave.		ADDRESS	רב בו	h.Ave.		.,		
3. NAME		rst)	(Middle)		(last)	-		14 \	FPs. 3		- 10 1
DECE		arles		1 770			4. DATE (M	onin;	(Dey)	(Yeer) و مسم	
(Туре о	Print) GIR	TI. TO S	Edward		rper		DEATH	T	8	1,56)
5. SEX	6. COLOR OR	7. SIN	GLE, MARRIED,	8. DATE C		9.	AGE lest birthdey		DER 1 YEAR	IF UNDER 2	
Male	White	SE	DOWED DIVORCED,	8−I	-1874		8I yrs	Month	s Deys	Hours	Min.
10e. USUAL	OCCUPATION (Give ki	nd of work	10b. KIND OF BUS	SINESS	11. BIRTHPLACE (Stele	or foreign	country)	-		N OF WHAT	<u> </u>
Creffined)	hip at Parties	ife, even if	B& O'R NOUSTRY	R.Co	West Vir	gini	a		U.SUN	ITRY?	
13. FATHER					14. MOTHER'S M						
10. 171116.		oyd Har	ner				Forney				
15. WAS D (Yes, no, or I	ECEASED EVER IN U. S			SECURITY NO.	17. INFORMA			70		1- 203	
) (145, 110, 01 1	Mir.) (II las, give wi	or or de N O sen	100)		Mrs .1	1111	lan Cain	Bru	nswic	Ma, Ma.	
7 DISEASES	OR CONDITIONS DIR	CTLV LEADING	IB.	MEDICAL CER	TIFICATION					RVAL BETWE	
	4	CILI LEADING	IO DEATH	D .	-	ch	- 1 -		UNI	3 7	AIII
1400	MMEDIATE CAUSE	(A)		UND	my)	AM	100)/400		<	ביייעט כ	2
	ANTECEDENT CAUSE	S) DUE TO	G.	N - 1	a Kt	1					
DISEASES C	R CONDITIONS, IF A	NY, (B)	- Win	m m	(may w		Jan 1				
STATING U	E TO THE ABOVE CAN NDERLYING CAUSE L		UR								
II OTHER SI	GNIFICANT CONDITION	(C)	9	りりしては	~						
TO THE D	EATH BUT NOT RELATE	TO THE	_								
	OR CONDITION CAUSIN		FINDINGS OF OPERA	MON	_				30	AUTOPSY	2
	OF CALIFORN	IPD. MIZION	ANDINGS OF OPERA	CITON CONTRACTOR					YES		
21e. ACCIDE	NT WAS UNDERLYING	21b. Pl	ACE (Home, farm, fo	ectory,	Tic. WHERE DID INJURY	OCCUR?	(City or town)	(C	ounty)	(State)	
OR CONTRIBI	UTING CAUSE OF DE	ATH OF INJU	JRY street, office bidg.	., elc.)							
21d. TIME O	F INJURY (Month) (Dey) (Year) (i-	lour) 21e, INJURY C		21f. HOW DID INJURY	OCCUR?					
			M. et work	Not while at work							
22. 1 ha	reby certify tha	Lattended	the decessed from	1-2	70676	1 -	- 8 - 10/C	-6.h-	t I lact can	w the dece	2504
	4 Ca				2,30 M from						9200
SIGN	On A TORE	, 120	, and that de	am occurred an	and the state of t	ADDRE	ises and on the ISB (Street, city,)to	uare și wn. statal	ared abov	8. Date sig	MED
	11.	ヘノー	Da-		113.		/\ V	77	i	- 0 -	7-1
23. BURIAL	CREMATION	DATE THEREO	HAME	M.D. OF CEMETERY OR		Mu	LOCATION (City, to	WD. OF CO.	intyl	[Sta	o (
REMOY	CREMATION, AL (SPECIFY)	I-10-5									,
•				ark Hei	~		Brunswi	CK, N			
	Y REGISTRAR	REGISTRAR'S			25. FUNERAL DIREC				ADDRESS		
DATE /-	10-56	1 4 4 4 4	- 1 / No 1	1. 1.	C.H.Fee	ta s	and Broat	מננייה?	swick	- Md -	



	Ē	CERTIFICATI	E OF DEATH Reg. Dis	t. No. 131			
	carefully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:			
refi gibj		COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick				
		CITY (If outside corporate limits, write RURAL or and give nearest town) Frederick LENGTH OF STAY (in this place) Years	CITY(If outside corporate limits, write RURAL OR Frederick				
	of information ath clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET (If rural give location ADDRESS 30-A East Fourth St.	,			
	ii la			(Day) (Year)			
	of	, , , , , , , , , , , , , , , , , , , ,	ARPER DEATH: Janua	ary 27,1956			
		Male White Specify: Widowed 3 March		PEAR IF UNDER 24 HR. Days Hours Mir			
OR BINDING	Supply every te the causes	ioa. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired):Retired Labouer Steel Mill	11. BIRTHPLACE (State or foreign country): 12 Maryland	COUNTRY?			
	ıpply th∎	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
	Su] te t	William H. Harper	Matilda Bell	+1-C1			
	K.	(Yes, no, or unk.) (If Yes, give war or dates of service) NO 18. SOCIAL SECURITY NO.	Mrs. George Souder, Frederick	-			
MARGIN RESERVED FOR BINDING	UNFADING sicians × plea	ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	pressures.	INTERVAL BETWEE			
IARGI	, WI ant.	STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
	LY Sort	DISEASE OR CONDITION CAUSING DEATH.	volice teartdrance & brougen	echon you.			
	. 7	194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT			
•		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		nty) (State)			
	F	OF INJURY OF INJURY M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?				
	Se OI	22. I hereby certify that I attended the deceased from	2. , 1956, to a. 2.) , 1956, that I las				
70 - 99	TYPE rect a	alive on 27., 1976, and that death occurred at	M, from the causes and on the date	stated above. TE SIGNED Jan 1956			
en	EASE	23. BURIAL, OREMATION. DATE THEREOF NAME OF CEMETE PUTIAL (SPECIFY) 30 Jan 1956 Mount Olive	t Cemetery Location (City, town, of the Cemetery Frederick, Mary				

24. FUNERAL DIRECTOR

M. R. Etchison & Son, Frederick, Md.

UREAU V. S.

DEVISOR T 831

The bottom copy may be retained by the hospital or attending physician,

VS A15C 1-55 10M

TO FUNDERAL DIRECTOR: The law requires that the death certificate be filled —ith the register within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. 596

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

00567

Reg. Dist. No. 14

1. PLACE OF DEATH			2. USUAL RESIDEN	CE (HOME) OF DE	CEASED	
COUNTY Freder	ick	MARYLAND	STATE Maryla	nd county F	rederic	k
CITY (If outside corporete lim	nits, write RURAL	LENGTH OF STAY	CITY (If outside corpor	ete limits, write RURAL en	d give nearest town)	
OR and give nearest lown) TOWN Runal Ki	noxville	in this place)	or TOWN Rural	Knoxville	3	
HOSPITAL OR		, , , , , , , , , , , , , , , , , , , ,	STREET	(if sural give	location)	3
INSTITUTION OR STREET ADDRESS	94		ADDRESS	-		,
	First) (Middle)	(Lest)	4. DATE (Mont	h) (Day) -	TOSKON
(Type or Print) Jo]	hn Spr:	igg H	ledges:	DEATH I	5	1295
. SEX 6. COLOR O	R I 7. SINGLE, MARRIE	D. 8. DATE	OF BIRTH	AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HR
ale White	Margrad div	7-25	5 - 1890	65 yrs.	Months Days	Hours Min.
De. USUAL OCCUPATION (Give I	kind of work 10b. KIN	D OF BUSINESS	11. BIRTHPLACE (State or foraig	in country)		N OF WHAT
done during most of working MASTOR	B.&	O.R.R.Co	West Virgin	ia	U.S	A.
FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
Harry	S.Hedges		Mary Ei	chelberger	?	
. WAS DECEASED EVER IN U. S		SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS		
es, no, er unk.} (If Yes, give w	versor dates of service)		Adele He	dges, Knoxy	rille, Md	•
I DISEASES OR CONDITIONS DIR	RECTLY LEADING TO DEATH	IS. MEDICAL CE	REFICATION			RVAL BETWEEN
		teres	ral /	The same of the sa	400	Eccho C
MMEDIATE CAUSE	DUC -0	1 12-0	11. 11		4.	A (1)
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF	(3)	EEROL	EKELATER		10	174
SIVING RISE TO THE ABOVE C STATING UNDERLYING CAUSE I	AUSE					
OTHER FLOWING AND COMMITTEE	(C)					
TO THE DEATH BUT NOT RELATE	ED TO THE					
DISEASE OR CONDITION CAUSI 9a. DATE OF OPERATION	196. MAJOR FINDINGS	OF ODER ATION			20	. AUTOPSY?
a. DATE OF OPERATION	176. MAJOR PINDINGS	OF OFEKATION			YES	
TIB. ACCIDENT WAS UNDERLYIN DR CONTRIBUTING CAUSE OF D IF EITHER, NOTIFY MEDICAL EXAMI	EATH OF INJURY street, o	ffice bldg., etc.)	21c, WHERE DID INJURY OCCUR	? (City or town)	(County)	(State)
Id. TIME OF INJURY (Month)	Whil	INJURY OCCURRED Not while ork et work	21f. HOW DID INJURY OCCUR	?		
22. I hereby certify the	at I attended the deces	sed from	e, 195/0, to	1965	that I last say	v the decease
alive on /			at			
SIGNATURE	Seff	A.		ESS (Strpet, city Jown		DATE SIGNE
	DESTINA	3 M.D.	XVIIII	well ?	1	16/3
3. BURIAL, CREMASION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY O		LOCATION (City, fown		(State)
Burial	I-7-I956	St.Marl	KS	Peters	ville, Ma	ryland
REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S		ADDRESS	
1 10-51	2	. Al 12 1	C.H.Feete	and Bro.Br	runswick	. Md

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'S 'A fill III

NAI NAI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(Day)

30.

Days

28

USA

(Year)

1956

IF UNDER 24 HRS.

ONSET AND DEATH

20. AUTOPSY?

(County)

M.L. Creager and Son Thurmont, Md.

DATE SIGNED

ADDRESS

NO

(State)

1-56

Hours 1

COUNTRY?

au. 3

RESERVED

MARGIN



REGISTRAR



593 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 RE, 18 00571 Reg. Dist. No. 13 1.

CERTIFICATE OF DEATH

I. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECI	EASED:
COUNTY Frederick	MARYLAND	STATE Mar	yland	COUNTY Frederick
OR and give nearest town) Rural-nr. Doubs		OR (If outside		RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 4		STREET ADDRESS	oute 4	ve location)
3. NAME OF DECEASED: (First) Stanley	(Middle) Leo Lam	(Last) M	4. DATE (Month OF Jan	
Male White (Specify)	ed, Divorce d, Single Apri	1 30-1935	20 yrs.	F UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
work done during most of working life, even if retired): None	0b. KIND OF BUSINESS OF INDUSTRY:	Maryland		try): 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:		14. MOTHER'S MAI		
Roger William Lamm		Ida Rebecc		
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	6 SOCIAL SECURITY No.: 17. None M	rs. Ida R. L	100	oute 4 ederick-Maryland
Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)	Carelin	al pa	lay with	23 HV
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing d 	eath.			
19a. DATE OF OPERATION: 19b. MAJOR I	INDINGS OF OPERATION			20. AUTOPSY ?
21. ACCIDENT (Specify) PLACE OF INJURY	(Home, farm, factory, street, office bidg., etc.)	(CITY OR TOW	N) (COUNT)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Not While Work At Work	HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attended the alive on 25 Dec, 1955, and the SIGNATURE	nat death occurred at	2A.M. from	n the causes and on	the date stated above. DATE SIGNED Pl. 3 Jan 56
23. BURIAL, CREMATION, DATE THEREO. SUFTA (Specify) 1-4-1956	Lutheran Ce	nt of them Mory metery	Jefferson	town, or county) (State) Maryland
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR'S	S. Heck	C.E. Cline	and Son Fr	ederick-Md.
0		/		







ATTENDING PHYSIC: The bottom copy may be re-

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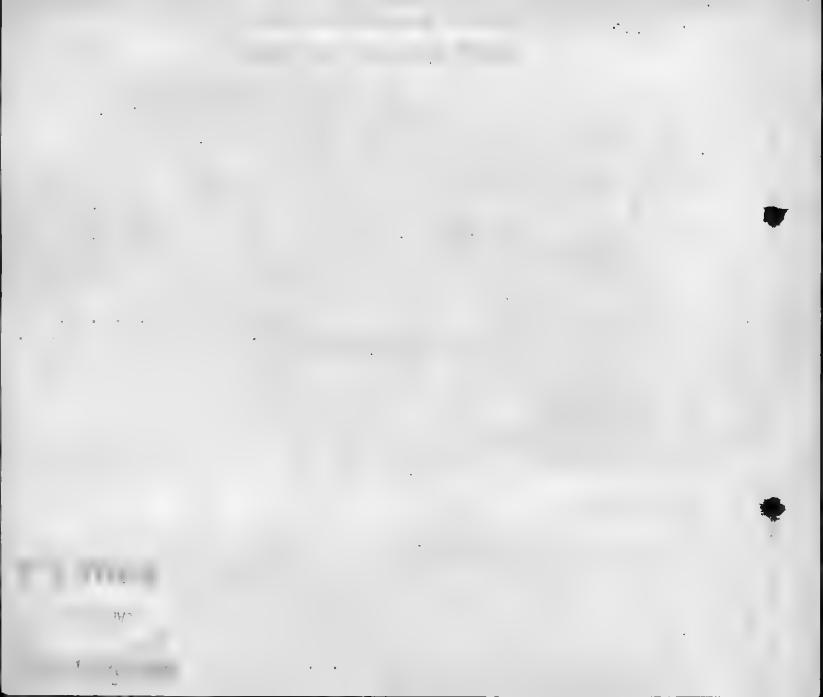
1. PLACE OF DEATH

CERTIFICATE OF DEATH

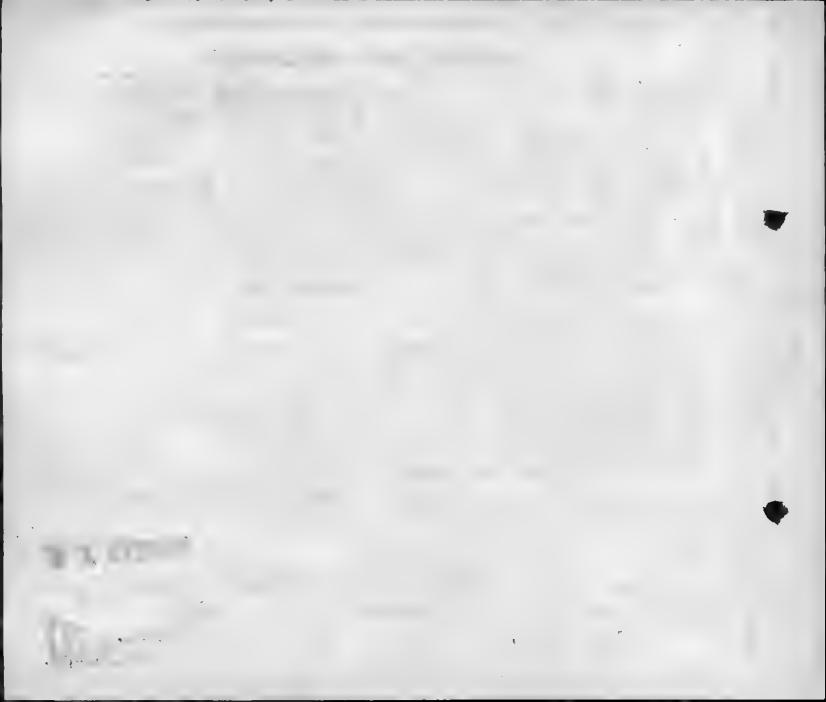
2. USUAL RESIDENCE (HOME) OF DECEASED

	COUNTY	Freder	ick		MARYL	AND		STATE Marv]	and	COUNTY	Fred	ericl	<
	CITY (If ou	Iside corporete limit	s, write RURAL		LENGTH O				orate limits, w				
\pm_{\times}	TOWNTU	ral- Mt	. Airy			yrs.		TOWRUTAL-	Mt.	Airy			*
-	HOSPITAL O	R	<u> </u>				1	STREET		(If rural gi	ve focation	1)	
	INSTITUTION STREET ADDR	LESS						ADDRESS near	Unio	nvil	le		
3.	NAME OF		st)		(Middle)		(Lest)		4. DA	TE (Mo	nth)	(Day)	(Year)
	(Type or Print		LA	1	R.	LOOKIN	IGB	TLL		ATH ,	JAN.	22	19 56
5.	SEX	6. COLOR OR		GLE, MARRI		B. DATE O	F BIRT	1	9. AGE last	birthday	IF UND	ER 1 YEAR	IF UNDER 24 HRS.
	emale	white	(Spi	mar		10-12	-1	877	78	yrs.	Months	Days	Hours Min.
10	a, USUAL OCC done during	UPATION (Give kir most of working lit	nd of work		ND OF BUSINES	S	11. BI	RTHPLACE (Stelle or for	eign country)				N OF WHAT
		ousewif		own	home]	Maryland				U.S	
13.	FATHER'S NA	ME						, MOTHER'S MAIDEN	NAME				
_			Moore					Amelia C	osnel	1			
	WAS DECEAS os, no, or unk.)	SED EVER IN U. S.	ARMED FORCE or dates of sen		S. SOCIAL SEC	URITY NO.		17. INFORMANT &	ADDRESS				
` ``	no	(11 100) (110 110	1 01 00163 01 3011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	none			Marshall	Look	ingb	111,	Same	е
1	DISEASES OR	CONDITIONS DIRE	CTLY LEADING	TO DEATH-	IS. ME	DICAL CER	TIFIC	ATION					RVAL BETWEEN ET AND DEATH
3	12 J V	MEDIATE CAUSE	(A)	(0	reli-	inl.	1/	Verna	rrbo	٠, -		UN3	days
		ECEDENT CAUSEIS			77	,		10	1	X			-
G!	SEASES OR CO	ONDITIONS, IF A	NY, (B)	_(_	ulu	er (7	aller	n			-	diam.
TZ	ATING UNDER	LYING CAUSE LA	ST. DUE TO			,							
11		CANT CONDITION	S CONTRIBUTING	G								_	
	DISEASE OR CO	BUT NOT RELATED ONDITION CAUSIN	G DEATH			1							
198	, DATE OF OF	PERATION	19b. MAJOR	FINDINGS	OF OPERATION	N						20 YES	AUTOPSY?
21a OR (IF	ACCIDENT V CONTRIBUTING EITHER, NOTIFY	WAS UNDERLYING CAUSE OF DEA	21b. PI ATH OF INJI ER)	JRY street, o	a, form, fector offica bldg., ato	y, 2	lc. W	HERE DID INJURY OCC	UR? (City or le	own)	(Ço	unty)	(State)
210	I. TIME OF INJ	URY (Month) (D	Payl (Yaar) (H	Whil		t while	21f. H	OW DID INJURY OCC	UR?				
				M. et w		work		0/ 0	.7 -				
22		y certify that						936, 10/					
	alive on		-, 19.1.6	and بربر	that death	occurred at.	fD	M, from the				ed above	9.
	SIGNATU	JRE)	. // x	40	100		111	ADE	RESS (Stre	et, city, tow	rn, stata)		PATE SIGNED
23.	PLIFILAL COL		<i>y</i>	1	7	M.D.	U	uou!	2res	3/1 /	na	1	23-56
23.	REMOVAL (S		DATE THEREO	11 1	NAME OF	CEMETERY OR			LOCATION	Lity, low	n, or coun	ly)	(Stete)
	BURI		1-26-	1/956	Tay	lorsvi			Carr	oll	Co.,	Mary	land
24.	REC'D BY RE	GISTRAR	REGISTRAR'S	SIGNATURE	9 1100	1 1 1	25.	FUNERAL DIRECTOR'S	SIGNATURE			ADDRESS	
DA	TE All.	25,1954	the	nie	it her	uku	C	M. Wal	tz. Wi	nfie	ld.	Md.	





1 5	of this	, 569 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	00576
t to	₹ ×	CERTIFICATE OF DEATH	74
나는 - 호	er death.	Items 13.11, FilmG192 2-21-56 et Reg. Dist.	No.7
Wa		1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED	
V.	m ==	COUNTY / EDEVICE MARYLAND STATE // A TO COUNTY CITY (If outside corporata limits, write RURAL OR and give neares) OR and give nearest town) COUNTY / EDEVICE MARYLAND STATE // (If outside corporate limits, write RURAL end give neares or control or composite limits, write RURAL end give neares or control or composite limits, write RURAL end give neares or control or composite limits, write RURAL end give neares or composite limits and composite limits.	st Iown)
A /7.	72 hour	TOWN Frederick 27days TOWN Middleburg	C
1	e e e	HOSPITAL OR STREET (II rufal give location) INSTITUTION OR STREET ADDRESS STREET ADDRESS ADD	1
AVA	within	3. NAME OF (First) (Middle) (Lest) 4. DATE (Month)	(Dey) (Yaer)
4	registrar by the	(Typa or Print) Ada A, MCKITTEY DEATH	12 1056
fific			YEAR IF UNDER 24 HRS. Days Hours Min.
ě	. E. E.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY 11. BRTHPLACE (State or Joreign country) 12.	CITIZEN OF WHAT
Tage T	filled filled it. \	ratired) None Maryland	USA
NOIT.	filed sit per	John Coleman Lucretia Eyler	
	physician, tificate be filed and completely urial transit po	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS [Yas, no, pr unk.] (Il Yas, give wer or dates of service)	
NSTRUCTION	AR 발문 발신	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
INST	6 8 7	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
*	or attending death ophysician use as a	ANTECEDENT CAUSE(S) DUE TO	3 WK>
- 3	al or if the ig pl	DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
HOSPITA	d by the hospital or law requires that the by the attending ph d be detached for u	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
150	the hequire	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. At terics levetic Heart Disease	10475.
	by the law red by the by the Id be d	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO [7]
E	E _ =	21e, ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Iarm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY strawl, office bidg., etc.) (County	(State)
ير	be reward COR: The executed mbly sho	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURED 21i. HOW DID INJURY OCCUR? While Not while	
PHYSIC	he bottom copy may be re FUNERAL DIRECTOR: ertificate has been executeath certificate assembly isc t-55 tow.	M. at work at work	
9	Copy in the copy i	22. I hereby certify that I attended the deceased from 1955, to 1955, to 1955, to 1955, that I la alive on 1956, and that death occurred at 1954. M, from the causes and on the date stated	ast saw the deceased above.
ATTENDING	RAL te ha	SIGNATURE (Straet, city, town, state)	DATE SIGNED
	요즘으로	23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, lown, or county)	(State)
0	The To FUI certii	Burial Jan. 24, 1956 Methodist Middleburg, Md.	DDRESS
-	F %		ytown, Md.
		blig techn Locat	



20. AUTOPSY7 YES (County) (State)

(Day)

(Year)

Hours

COUNTRY?

TISA.

INTERVAL BETWEEN

ONSET AND DEATH

21p. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED Not while OF INJURY at work at work

DATE PRESENT

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Z - Z , 1953, to . 195% that I last saw the deceased DATE SIGNED

LOCATION (City, town, or county)

. 19 56, and that death occurred at 1: 15PM, from the causes and on the date stated above. Frederick, Maryland

REMOVAL (SPECIFY) Feb.2.1956

Frederick, Maryland Mount Olivet Cemetery

NAME OF CEMETERY OR CREMATORY

괊 5

TYPE

PLEASE

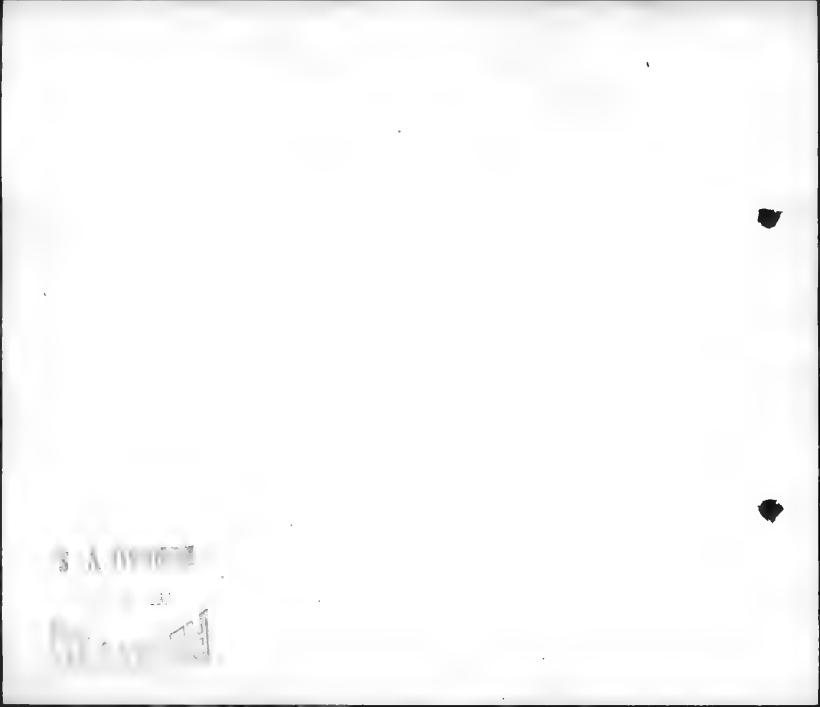
DATE REC'D BY LOCAL

23. BURIAL, CREMATION

REGISTRAR'S SIGNATURE

REGIS/TRAR 2 Jebruan 1956

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland



4	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	00578				
. The	601 CERTIFICATI	E OF DEATH Reg. Dist	131				
ully Iç.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:					
Supply every item of information carefully. it the causes of death clearly and legibly.	COUNTY Frederick MARYLAND GHTY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	STATE Maryland COUNTY Free	ierick and give nearest town)				
	Rraddock Heights Years	Braddock Heights					
	HOSPITAL OR INSTITUTION OR *STREET ADDRESS Jefferson Blvd.	STREET (If rural give location) ADDRESS Jefferson Blvd.					
			Day) (Year)				
	DECEASED: (Type or Print) NINA NULL	VICODEMUS OF January	y 5, 19 56				
	Female White (Specify): Married November	er 19, 1093 62 yrs	Days Hours Min.				
	10A. USUAL OCCUPATION (Give kind of two ki	11. BIRTHPLACE (State or foreign country): 12. Maryland	CITIZEN OF WHAT COUNTRY? USA				
ply he	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
Sup Etl	Josech M. Null	Maggie Ecker					
. 'E	Yes, no, at unk.) (If Yes, give, war or dates of service) NO NO NO	Mr. H. Fulton Nicodemus, Braddo					
G I	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN				
NIC	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	2 -	ONSET AND DEATH				
FAI	IMMEDIATE CAUSE (A) Acute C	overay orchine	Endden.				
icia	ANTECEDENT CAUSE (5)	- Reference	1				
TH UNFAI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	Region	- Gyerra				
₩ nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
,Υ, rta	TO THE DEATH BUT NOT RELATED TO THE						
WRITE PLAINLY, WITH UNFADING INK especially important. Physicians: please	DISEASE OR CONDITION CAUSING DEATH. 19a, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?				
/RITE PL.	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)						
2.0%	2 D. TIME (Month) (Day) (Year) (Hour) 2 E INJURY OCCURRED While Not while at work at work						
် ပြ	22. I hereby certify that I attended the deceased from Hilly	, 1941, to 7 - 5, 197., that I last	saw the deceased				
전호	alive on , 19 , and that death occurred at	ADDRESS DAT	stated above. TE SIGNED				
	23. BURIAL OPERATION, I DATE THEREOF I NAME OF CEMET	L.D. Frederick, Maryland Jan ERY OR CREMATORY LOCATION (City, town, or	r county) (State)				
PLEASE cor	Burial Jan. 8,1956 Mount Olive		aryland				
PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS				

VS. A15-10-53

MARGIN RESERVED FOR BINDING

Mount Olivet Cemetery Frederick, Maryland

TURE 24. FUNERAL DIRECTOR ADDRESS
M. R. Etchison & Son, Frederick, Maryland REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 3

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY - Kldench MARYLAND	STATE DOWNT	Lac b
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If butside corporate limits, write RURAL and give	re nearest town)
1 OR give nearest town) // (In this place)	OR Musersulle -	P. O.
HOSPITAL OR		ucar
INSTITUTION OR	STREET (If rural, give location)	1
STREET ADDRESS Theel / Kennered Tothe	a court for	/
3. NAME OF (First) (Middle)	(Month)	(Day) (Year)
(Type or Print) Trully CARMEN ()	almer DEATH DEATH	15 1951
5. SEX A COLOR OR BACE 17 SINGLE MARRIED	8. DATE OF BIRTH 9. AGE last birthday If under	
male White (Specify) manual	120 Monkha	Days Hours Min.
	11. BIRTHPLACE (State or foreign country)	2. CITIZEN_OF WHAT
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (States of foreign country)	Country
	I fra.	411/1
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1 allamo Talme.	mary herritze	2
15. WAS DECRASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY No.	17. INFORMANT AND APDRESS	
(Yea, no, or unknown) (If yea, give war or dutes of service)	min In Polar Min	asmell.
I8. MEDICAL CE	PTIPICATION	The state of the s
	REFERENCE	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
776 X	und in brune	111 +
Immediate cause (a)		14 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	elik	
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 00 ATTENDED
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
0		Yes No-W
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, atreet, PRIMARY ≯ on CONTRIBUTING ☐ OF office bldg., etc.)	(CITY OR TOWN) (COUNTY	(STATE)
PRIMARY SOR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH. OF Office bldg., etc.) INJURY Furne (Burn	Mean muserthe moder	rek Mich
TIME (Month) (Day) (Year) (Hour) (INJURY OCCURRED	HOW DID INJURY OCCUR!	/ ^ _
OF INJURY Jan. 15/95/73 m. While at work of at work of	Due Shot swound Self in	(S.F.I
	0 /	- CECEN
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the dry stated above, and death in my	from the evidence opinion resulted
from: natural causes [] accident [], suicide [homicide],	undetermined	
SIGNATURE (Degree or titie)	ADDRESS _	DATE SIGNED
1212	profession 1710	11.
22 Della College 2 200 1 1 Selin Con The	icticas Aprintage	156
23. BUBYAL CRAMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
- Idinal sullings unily		red G. IRd
DATE REC'D BY LOCAL REGISTRAR'S DIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
17 Jan. 19561 Elizabelle y. Hech	· full 7. Poutte men	emelle
		Da il



672

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

131

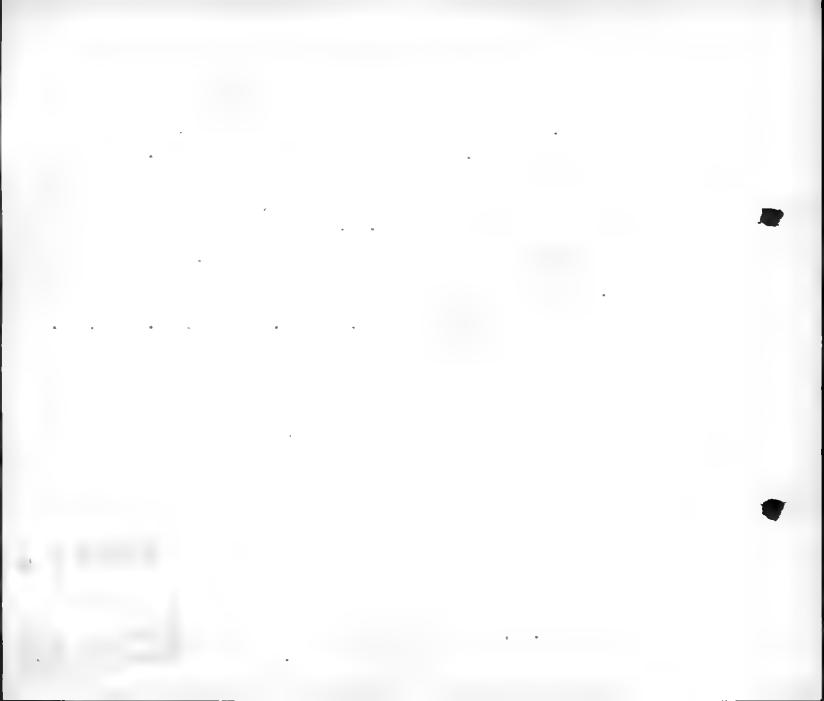
	Reg. Dist. N	0
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY FIRE derick MARYLAND	1141444	10 arroll
OR give nearest town) LENGTH OF STAY (in this place)	OR OR OTHER CONTROL AND STATE OF THE CONTROL AND STATE OF THE CONTROL OF THE CONT	ve nearest town)
HOSPITAL OR CLOSE CHARLES CHARLES CHARLES	STREET (If rural, give location)	
STREET ADDRESS /form &	ADDRESS RD #	V
3. NAME OF (First) (Middle) DECRASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type of Print) Leonard 19	airs DEATH JAN	29 1956
6. SEX 6. COLOR OR RACE 7. SHOOLE, MARRIED, WINDWED, DIVORDED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under Months TUNE 5 1886 69 yrs.	Days Hours Min.
10s. HSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		2. CITIERN OF WHAT
done during most of working life, even if retired) INDUSTRY LLE 1	Lawrence Kansas	COUNTRY S.A.
13. FATHER'S NAME	16. MOTHER'S MAIDEN NAME	
chalmers Addison	Dusary	#1
16. WAS DECEARED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs Dorothea Monk	Frederica
	RTIFICATION	7.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	U. L. Rt.	2 days
Immediate cause (a)Cerebral	Hernorrhage cortex	
Antecedent cause(s) Diseases or conditions, if any, (b) CerebraL	Arteriosclerosis	UNKnowal
giving rise to the above cause stating the underlying cause last	, 1 -1 /	1000
(c) Feneral	ized Arterioscherosis	MAJOUN
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes D No C
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCURT	
OF INJURY m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from AFYIL 2	3, 19,55, to Jan 29, 1956, that I last	naw the deceased
alive on Jack 24., 19.56, and that death occurred at	The fram the severe and on the date of	-A-1 -1
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
from former my	your Ille med	au2956
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	TY OR CHAMATORY VICATION CITY, 1890, STORY	ty) (State)
DATE REC'D BY LOCAL BAGGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS 1)
3180. au 1956 18 kale Dr. L. Hold	Aforen d K Bustern Martin	luce or at lette

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

ERBLAN A'S.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 131 Reg. Dist. No. carefully. 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH: Maryland COUNTY Frederick COUNTY Frederick MARYLAND tas CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) CITY(If outside corporate limits, write RURAL and give nearest town) and information Frederick TOWN Years Frederick HOSPITAL OR STREET (If rural give location) clearly INSTITUTION OR ADDRESS 1820 Rosemont Avenue STREET ADDRESS 1820 Rosemont Avenue (Middle) DATE (Month) 3. NAME OF (First) (Last) (Year) death DECEASED item of A CAS (Type or Print) PUTMAN DEATH: January 5. SEX 6. COLOR OR 17. SHIGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday! IF UNDER ! YEAR WHOOWED, BIVORCED RACE: of Months Days Hours (Specify): Married | July 31, 1871 OA. USUAL OCCUPATION (Give kind of work done during most of working life, 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) : 112 CITIZEN OF WHAT OR INDUSTRY: COUNTRY? even Retired Farmer Maryland
14. MOTHER'S MAIDEN NAME: Omer BINDIN Supply 13. FATHER'S NAME: Rebecca Shriner John J. Putman 17. INFORMANT & ADDRESS: 1820 Rosemont Avenue. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service) Mrs. Della S. Putman, Frederick, Maryland None 36 18. MEDICAL CERTIFICATION UNFADING RESERVED I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 4343 acute anicular Fabrillation Elv. Cardia O leangersition IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, MARGIN WITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE AINLY DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: I 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE (Home, farm, factory, OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc. 218. PLACE (Home, farm, factory, 21c, WHERE DID (City or town) (County) (State) WRITE INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21r. HOW DID INJURY OCCUR? Not while OF 'INJURY at work at work -OR 22. I hereby certify that I attended the deceased from, 19..., to, 19..., that I last saw the deceased alive on 1954, and that death occurred at 11:00FM, from the causes and on the date stated above.

ADDRESS DATE SIGNED TYPE correct M. D Frederick, Maryland 1/5
NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or country) ASE 23. BURIAL. REMOVAL (SPECIFY) Mount Olivet Cemetery Frederick, Maryland 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL M. R. Etchison & Son, Frederick, Maryland

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& .V ULLIUM

(1) May 1

72 hours after death. After this director, the third copy of this

ATTENDING PHYSICIA

6 15

CERTIFICATE OF DEATH

	Dist.		1	11	6	
Reg.	Dist.	No.	.E.,	7.		

<u>=</u>	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
the the	COUNTY TERRET Y > CA MARYLAND	STATE) Mayuland county Frederick
hour: ctor,	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
0	OR and give nearest town) TOWN (// 2) - 0 (in this place)	TOWN 1/1/2) La Va 3(1)) Sa
Z'-p	HOSPITAL OR	STREET (If rurel give location)
1	INSTITUTION OR STREET ADDRESS	ADDRESS P
within funeral	3, NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
	DECEASED (Type or Print) (P)	S C OF
istra	Laill Albenia le	Ldick DEATH an. 30 1956
registrar by the	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
2 .5	/ Specify Widow Jul	u/1879 76 yrs.
도 및 .	10e. USUAL OCCUPATION (Give kind of work tob. KIND OF BUSINESS done during most of working life, aven If OR INDUSTRY	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
filled /	retired/House wife own Home	Kingslale 12, 25 A
- 4	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ste be filed with completely fille transit permit.	Pius Staley	Mary C. Starry
trarr	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL-SECURITY NO.	17. INFORMALIT & ADDRESS
	(Yes, no, or unk.) (If Yes, give wer or dates of sarvice)	mys. Warrell F.
rtificat and co burial	18, MEDICAL CER	TIFICATION INTERVAL BETWEEN
th ce ian i	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
10 C 0	4 1 IMMEDIATE CAUSE (A) Cordral Throm	when a rever of softening I monther
_ e = =	ANTECEDENT CAUSE(S) DUE TO CATE	CVD 20 years
for p	DISEASES OR CONDITIONS, IF ANY, (B)	CVB 20 NO NO
that ding	STATING UNDERLYING CAUSE LAST. DUE TO	0
itres th attendi stached	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
- u	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
[# 훈 #]	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO
The law red by should b	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	Tic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR: The executed ably show	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
॒ % ₽	M, at work et work	THE RESERVE OF THE PARTY OF THE
DIRECTOR: s been exect ste assembly	22. I hereby certify that I attended the deceased from ! April	19.50 to 30 Jan 19.5 6 that I last saw the deceased
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		M. from the causes and on the date stated above.
has fical	SIGNATURE SIGNATURE	ADDRESS (Street, city, town, stete) / DATE SIGNED
RAL hite h sertifi 5 10M	James York J. M.D.	Walkersulle Md. 1/20/56
FUNERAL DIRECTOR: The la certificate has been executed by death certificate assembly should NSC 1-55 10M	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
certifi deatl	Burial February Mt a	Thet Harayay D.
6 × ×	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
- /	DATE I am 31, 1956 & C Powell	The state of the s
	DATE GENTE, SI, 1756	Powelly Hartzler. Woodshoro
	,	/N 2.

information carefully. The correct

UNFADING INK. Supply every item of MARGIN RESERVED FOR BINDING

WITH

PLEASE WRITE PLAINLY,

583 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1800585

CERTIFICATE OF DEATH

	neg. Dis	be 140e
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Frederick MARYLAND	STATE Maryland COU	Frederi NTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL	and give neares(Ctown)
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Brunswick 65 years	Town Brunswick	
HOSPITAL OR INSTITUTION OR	STREET (If rural give location	n)
STREET ADDRESS 501 Walnut	ADDRESS 50I Walnut	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) James Morgan R:	iCe 4. DATE (Month)	(Year)56
5. SEX: S. COLOR OR 7. SINGLE, MARRIED. 8. DATE	DEATH: 2 OF BRITH: 9. AGE ast birthday: If UNDER 1	YEAR IP UNDER 24 HRS.
Male White Market Divorced, 5-12	-1885 (V yrs. Months I	Days Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF work done during most of working life, INDUSTRY:		CITIZEN OF WHAT
Retired Brakeman B. C.O. R. R. CO	MICHE J CONTRACT) + D + A +
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Morgan S.Rice	Margaret Gorsage	
	7. INFORMANT & ADDRESS:	rland
(11 les, give war of dates of 705-10-4185	Mrs.May Rice, Brunswick, Mary	Lanu
18. MEDICAL CERTIFICAT	ION	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Quest Nue Death
Immediate cause (a)	Gellen	Sivialo
Antecedent causes (s)	1) 2 1-1	10
Diseases or conditions, if any, giving rise to the above cause	Know Market	4 4
stating the underlying cause last. DUE TO		0
(c)	*	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
<u> </u>		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
1NJURY m, Work At Work		
22. I hereby certify that I attended the deceased from	190 -, to	t saw the deceased
alive on .1-2 , and that death occurred at	Trom the causes and on the date	stated above.
SIGNATURE (Degree or title)	ADDRESS	ATE SIGNED
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETE	CRY OR CREW AND YOUR TON ON A	Sunty) State)
Removal (Specify) I-3I-56 Reformed	d Lecation City town of C	yland (State)
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRARS 30-56 Pathern A Branch	A H Booto and Pro Brungeri	ole Md

VS. A15





OBVIDE 1 899

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	607 CERTIFICATI	E OF DEATH Reg. Dist.	No. 139				
X	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):				
and legibly	COUNTY Frederick MARYLAND	STATE Maryland COUNTY Print	ce Geo.				
le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL as	nd give nearest town)				
and	OR and give nearest town) (in this place) X TOWN Cullen 1606 days	Town Greenbelt	6 - 1: 2				
death clearly	HOSPITAL OR INSTITUTION OR Victor Cullen State Hospital	STREET (If rural give location) ADDRESS 7-C Research Road	٧				
ath c	S. NAME OF (First) (Middle) DECEASED: (Type or Print) Elsie M Sch	(Lest) 4. DATE (Month) (Included in the latest partial description of the	12, 19 56				
de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	EAR IF UNDER 24 HRS.				
of of	White (Specify): Widow Apr.), 1894 OI yrs.	Rys Hours Min.				
causes	on. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper Housekeeper	I WING LATOUR. PR	CITIZEN OF WHAT COUNTRY?				
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
	Mathias Livingston	Ida Cain					
ease write	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:					
) še	(Yes, no, or unk.) (If Yes, give war or dates of service) None	Deceased.					
plea	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
18:	IMMEDIATE CAUSE (A) Pulmonary	Tuberculosis	23 years.				
ciar	ANTECEDENT CAUSE (S)						
Physicians:	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO						
	(C)						
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
poi	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N N					
	0		20. AUTOPSY?				
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)						
is esp	ZID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work						
	22. I hereby certify that I attended the deceased from Apr.	5. , 19 51 to Jan. 12, 19 56 that I last	saw the deceased				
t age		2:00 M, from the causes and on the date s					
correct							
00	DEMOVAL ZERECITY)	ery or crematory Location (City, town, or					
	Burial 1-14-56 Cedar Hill		o., Md.				
	DATE REC'D BY LOCAL REGISTRANT SIGNATURE REGISTRANT 1/12/56	24. FUNERAL DIRECTOR	ADDRESS				
	1/12/56	W. W. Chambers Co., Riverdale) Mus				

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

item of information carefully. The

please write the causes of death clearly and legibly.

especially important. Physicians:

Supply every

MARGIN RESERVED FOR BINDING



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2 .V UALLIZ

M. R. Etchison & Son, Frederick, Maryland

e in	A	574 MARYLAND S	STATE DEPARTMEN	T OF HEALTH—BALTIM	ORE, 18					
y. The			CERTIFICATI	E OF DEATH	Reg. Dist. No. 131					
F 2		I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME)	OF DECEASED:					
carefull legibly.		COUNTY Frederick	MARYLAND	STATE Maryland cou	NTY Frederick					
1 CB		CITY (If outside corporate limits, write OR and give nearest town)	RURAL LENGTH OF STAY	CITY(If outside corporate limits,)	write RURAL and give nearest town					
tion		Frederick	Years	Frederic						
ina rly	1	HOSPITAL OR INSTITUTION OR		ADDRESS .	give location)					
nforma		STREET ADDRESSFrederick Me		423 Klineha						
item of i	1	B. NAME OF (First) DECEASED:		(Last) 4. DATE (
	ŀ	(Type or Print) CHARLES			January 22, 1956					
	3		WED, DIVORCED,		months Days Hours Min.					
every	,	OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	or industry: General	11. BIRTHPLACE (State or foreign of Maryland	ountry): 12. CITIZEN OF WHAT COUNTRY?					
pply the	T	3. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:						
Sup e tl	-	Thomas J. Smith	n	Martha E. Goin						
	ı	S. WAS DECEASED EVER IN U.S. ARMED FORCES	L .	17. INFORMANT & ADDRESS: 42	3 Klineharts Alley					
N Se		Yes, no, or unk.) (If Yes, give war or dates		Miss Edna Smith, Frede	rick. Maryland					
UNFADING INK.	Ī		18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN					
AIO P	5201									
FAI	-	IMMEDIATE CAUSE	(A) Esophi	cal when with per	fortion 1 mo					
INI cia	-	ANTECEDENT CAUSE (S)	DUE TO	it						
		DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE	(B) John	lely						
	-	STATING UNDERLYING CAUSE LAST.								
	ŀ	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
LY	_	TO THE DEATH BUT NOT RELATED TO								
N du			R FINDINGS OF OPERATIO	N .	20. AUTOPSY?					
-44	- 9			-	YES NO					
TE		ATA. ACCIDENT WAS UNDERLYING TO BE CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	218. PLACE (Home, farm, fact OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town etc. INJURY OCCUR?	n) (County) (State)					
PÚ.		ID. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work	21F. HOW DID INJURY OCCUR?						
ge is	ı	22. I hereby certify that I attended	the deceased from 12 -	5, 1956, to / -/5 1956	that I last saw the deceaser					
티	- 1			5:50Pm, from the causes and cappress	on the date stated above. DATE SIGNED					
	ļ	Bu K. M		.o. Frederick, Maryla						
PLEASE cor		3. BURIAL, CHEMATION, DATE THER			(City, town, or county) (State					
E		Burial Jan.25,		24. FUNERAL DIRECTOR	rick, Maryland					
,P4	1	DATE REC'D BY LOCAL REGISTRAF	S'S SIGNATURE	24. FUNERAL DIRECTOR	AUDRESS					

ÿ

... 19 ..., to ... //26..., 1956, that I last saw the deceased ..., and that death occurred at 5:45 PM, from the causes and on the date stated above. DATE SIGNED (State) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, county BURIAL, OREMATION REMOVAL (SPECIFY) ADDRESS FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR 1-28-

(Day)

26

Days

(Year)

Hours

NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

NO

(State)

YES [

COUNTRYT

W. . 8

PECEUVED V. S. BUREAU V. S.

MARGIN RESI	WITH UNF t. Physician	ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ORDINARY OF GROWING CAUSE CAUSE (C)	541s
MA	LY, ortan	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	4 yes
	LAIN y imp	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
•	(TE Pecial)	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) (County of the county of the co) (State)
	WR.	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
	o E	22. I hereby certify that I attended the deceased from . May., 1953, to 29, 1952, that I last	saw the deceased
	TYPE	M.D. tellerson Mcl 1/3	o/s-6
	EASE	23. BURIAL GREMATION, DATE THEREOF NAME OF CEMETERY OF CHENATORY LOCATION (City, town, or REMOVAL (SPECIFY) 2-1-1956 Lutheran Cemetery Jefferson	(State) Md.
	PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR REGISTRAR REGISTRAR REGISTRAR	ADDRESS

(Year)

Hours

CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

19 56

(Day)

29

Days



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00591

576

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Frederick MARYLAND	STATE Haryland county Frede	erick	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY ORand give neerest town) [in this place)	CITY (If outside corporate timits, write RURAL and give neare OR	est fown)	
Frederick Years	Frederick		
HOSPITAL OR	STREET (if rural give location)	,	
- street Address 308 West South Street	308 West South Street	at.	
3. NAME OF (First) (Middle)		(Day) (Year)	
DECEASED	OF .		
(Type or Print) MARSHALL HENRY 5. SEX 6. COLOR OR 7. SHAGLE, MARRIED, 8. DATE O	DI COMMINIO DI 9	y 10, 19 56	
RACE WIDOWED, DIVORCED.	Months	Days Hours Min.	
Male White (Specify) Married Februa	try 5, 1890 65 yrs. Months 11. BIRTHPLACE (State or foreign country) 12.		
done during most of working life, even il OR INDUSTRY		CITIZEN OF WHAT	
RetifeBarber Same	Maryland	USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
W. Emory Stockman	Annie Wisner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 308 West Sou	uth Street,	
(Yes, no, or unk.) (If Yes, give war or dates of service) NO NO	Mrs. May S. Stockman, Freder:	ick, Maryland	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
4011	41	15 F	
421. IMMEDIATE CAUSE (A) Hoston	- flema-	124000	
ANTECEDENT CAUSE(S) DUE TO	tomin-	zms+	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
STATING UNDERLYING CAUSE LAST. OC. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
190, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
		YES NOXX	
21s. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, Ierm, Iectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Cit. WHERE DID INJURY OCCUR? (City or town) (Count	y) (State)	
	211. HOW DID INJURY OCCUR?		
Mhile Not while	EN. HOW DID RIDGE DECORT		
	and James It antil a		
22. I hereby certify that I attended the deceased from			
alive on 19.50 and that death occurred at	ADDRESS (Street, city, town, stets)	above. DATE SIGNED	
N 60 0		1/10/1956	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	Frederick, Maryland CEMASORY LOCATION (City, town, or county)		
REMOVAL (SPECIFY)		• •	
Burial Jan.13,1956 Mount Olivet			
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		DORESS	
DATE 11 Jan. 1956 Elizabeth G. Hech	M. R. Etchison & Son, Frederic	ck, Maryland	
d)			



(Last)

8 DATE OF BIRTH:

STUP

1893

OR

TOWN

STREET

ADDRESS

Frederick

Frederick

CITY (If outside corporate limits, write RURAL OR and give nearest town)

(First)

6. COLOR OR 17

RACE:

work done during most of working life,

White

OA USUAL OCCUPATION (Give kind of)

even if retinabusework

ROXIE

STREET ADDRESS Frederick Memorial Hospital

1. PLACE OF DEATH:

HOSPITAL OR

3. NAME OF

5. SEX.

Female

DECEASED:

(Type or Print)

13. FATHER'S NAME:

INSTITUTION OR

MARYLAND

(Middle)

IRENE

(Specify): Married | May 21,

OR INDUSTRY:

Home

SINGLE MARRIED.

WIDOWED, DIVORCED

LENGTH OF STAY
(in this place)
3 Days

Frederick

(Day)

(Year)

Hours

CITIZEN OF

COUNTRY?

2 USUAL RESIDENCE (HOME) OF DECEASED:

COUNTY

DATE (Month)

9. AGE last birthday! IF UNDER I YEAR

Walkersville

OF

11. BIRTHPLACE (State or foreign country);

Maryland

14. MOTHER'S MAIDEN NAME:

DEATH:

Carell outside corporate limits, write RURAL and give nearest town)

(If rural give location)

January

Months | Dave

STATE Maryland

The

legibly.

and

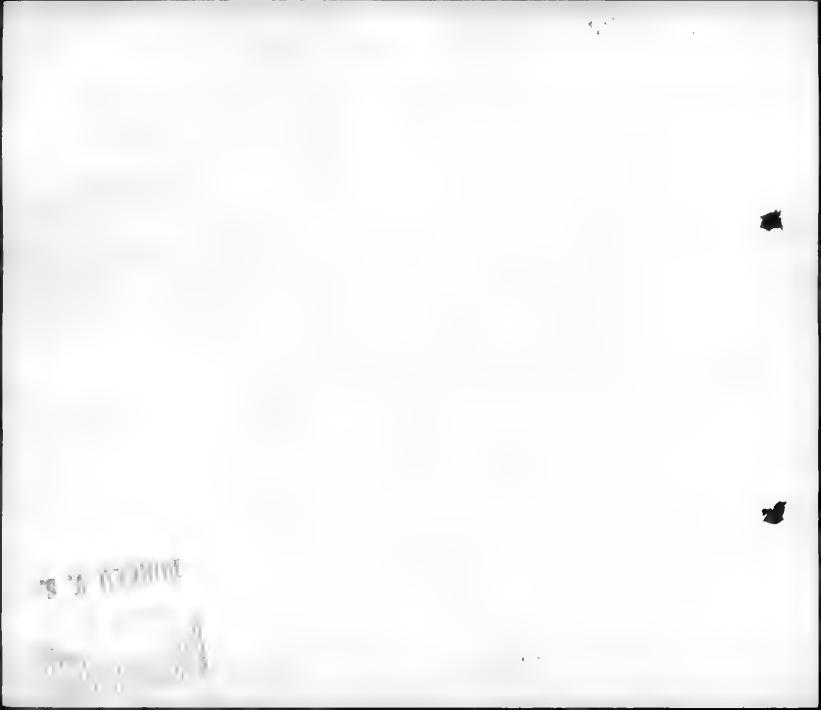
(X	1

item of information carefully. clearly death Jo every causes ply

MARGIN RESERVEB-FOR BINDING

VS.

Sul te t	Eugene A. Wachter	Addie Green	Addie Green	
ADING INK. Su	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. INFORMANT & ADDRESS		
	(Yes, po, or unk.) (If Yes, give war or dates No None	Mr. Charles D. Stup, Walkersvil	le, Maryland	
	18. MEDICAL GERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
AD ns:	INMEDIATE CAUSE (A)	encie	days	
UNE	ANTECEDENT CAUSE (8)		, -	
WITH UNFA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	goyster prosseys	Lyo	
W nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	V		
P. 4	TO THE DEATH BUT NOT RELATED TO THE			
J Do	DISEASE OR CONDITION CAUSING DEATH.		_!	
LAINLY, W	19a DATE OF OPERATION: 195. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?	
SE TYPE OR W	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)			
		OCCURRED 21F. HOW DID INJURY OCCUR?		
		om 1/22 , 1866, to 1/24 , 1906, that I last		
	alive on SIGNATURE 124, 1955, and that death of	occurred at 9:55AM, from the causes and on the date	stated above. re signed	
	James 3. I home	M.D. Frederick, Maryland	1/26/1956	
	FRANCE (SPECIFY)	OF CEMETERY OR CREMATORY LOCATION (City, town, or		
PLEA		erick Memorial Park Frederick, Mary		
p.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
	De Jan. 1956 Elizabello S. t.	M. R. Etchison & Son, Frederi	ck, Maryland	
	0			



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.......3.1

I. PLACE OF DEATH.	# 2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY	STATE YVI
MARYLAND MARYLAND	I lawrence
CITY (If outside corporate limits, write RURAL and LENGTH OF STA , OR give nearest town) (In this place)	OR OR
JREDE BILL	Torre Mindeld - Kwai.
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OF	ADDRESS A
STREET ADDRESS + REDERICK MEM. HIS DITE	Suprement ma. K-1,
3. NAME OF (First) (Middle)	(Last) (Month) (Day) (Year)
DECEASED	Janes DEATH Cozania 17 195%
(Type or Print) Jezzes Chill	
5. SEX /6. COLOR OR RACE 7. STACH, MARRIED, DIVORCED,	8. DATE OF BIRTH 9. AGE last bifthday If under fyear If under 24 hrs. Months Days Hours Min.
- male white (Specify) manual	Buht. 10. 1926 2 9 yrs.
10m. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of	
done during most of working life, eyen if retired) Industrial	COUNTRY?
Meldir Motoribe Machine Co.	1 Marien Unkansas Misra.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Denas Dayly.	NA Ricard
15. WAS DECEMBED EVER IN (18. ARMED FORCEST & 18. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(xes, no, or unknown) til yec, give war or dates of	
1 - 431-30-9402	- 11 M. Kleraldin Vayla Dykerustle Mrd. 15-1
18. MEDICAL (CERTIFICATION
1 Diguides on govinimons hinesmin i principa no neimu	INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSEL AND DEATH
11 26 1 -1 -1 -1	Les Present in more
Immediate cause (a)	the Cotta to the State of the State of the Samuel S
	1 305
Antecedent cause(s) Diseases or conditions, if any, (b)	Tistrengues ours
Diseases or conditions, if any, (b)	The second secon
stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY!
	Yes 🗔 No 🕅
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street	
PRIMARY & or CONTRIBUTING [] OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR! Using and liveloyel
OF INJURY January / 6,5 6 am. Work & at work	Fishloseng-onthrehgistund
22. I certify that I took charge of the remains described above, held an	Autopsy: Inspection X. Inquiry [thereon and from the evidence
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said de	Autopsy , Inspection K. Inquiry [thereon and from the evidence decased died on the dry stated above, and death in my opinion resulted
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said defrom: natural causes [3] accident [8], suicide [3], homicide	Autopsy: Inspection X. Inquiry I thereon and from the evidence ceased died on the dry stated above, and death in my opinion resulted y, undetermined I.
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said defrom: natural causes [] accident [X], suicide _, homicide	, undetermined .
from: natural causes [] accident [K], suicide], homicide	ADDRESS Frederices 1777 DATE SIGNED
from: natural causes [] accident [], suicide], homicide SIGNATURE (Degree or title)	ADDRESS Frederices 1777 DATE SIGNED
from: natural causes [] accident [X] suicide], homicide SIGNATURE (Degree or title) 23. RURIAL, GREMATION 1 DATE THEREOF (NAME OF CEME)	, undetermined .
from: natural causes] accident [5], suicide], homicide SIGNATURE (Degree or title) 23. BURIAL GREMATION DATE THEREOF NAME OF CEMINARY OF CEMINA	ADDRESS Frelle 28 17 DATE SIGNED PREMI OR CREMATORY LOGATION (City, town, or pounty) (State)
from: natural causes [] accident [X] suicide], homicide SIGNATURE (Degree or title) 23. HURIAL, GREMATION DATE THEREOF NAME OF CEMPS RESTORAL (Specify) Date 11856 Date 211856 Date 31856 Date 31856	ADDRESS Frelez Logation (City, town, or pounty) (State) MAN (MATTER) DATE SIGNED DATE SIGNED OF CHARLES FOR CREMATORY LOGATION (City, town, or pounty) (State)
from: natural causes accident suicide homicide SIGNATURE (Degree or title) 23. RURIAL GREMATION DATE THEREOF NAME OF CEMARITY OF COMMON PROPERTY OF THE PROPE	ADDRESS Frelle 28 17 DATE SIGNED PREMI OR CREMATORY LOGATION (City, town, or pounty) (State)
from: natural causes accident suicide homicide SIGNATURE (Degree or title) 23. RURIAL GREMATION DATE THEREOF NAME OF CEMARITY OF COMMON PROPERTY OF THE PROPE	ADDRESS Frelez Logation (City, town, or pounty) (State) MAN (MATTER) DATE SIGNED DATE SIGNED OF CHARLES FOR CREMATORY LOGATION (City, town, or pounty) (State)
from: natural causes] accident [5], suicide], homicide SIGNATURE (Degree or title) 23. BURIAL, GREMATION DATE THEREOF NAME OF CEMP. REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE)	ADDRESS Frelez Logation (City, town, or pounty) (State) MAN (MATTER) DATE SIGNED DATE SIGNED OF CHARLES FOR CREMATORY LOGATION (City, town, or pounty) (State)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A

TO A DITTING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

578

CERTIFICATE OF DEATH

00595

Reg. Dist. No. 13.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY FREDERICK MARYLAND	STATE MD. COUNTY FREDERICK
	CITY (Il outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give neerest town)
	TO TOWN TO STATE OF THE STATE O	OR FREDERICK
	HOSPITAL OR	STREET (II rurel give location)
	STREET ADDRESS FREDERICY MEMORIAL HOSP.	ADDRESS 36 E, SECOND ST.
	3. NAME OF (First) (Middle)	
	DECEASED	(real)
		RNER DEATH / 10 1956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF RACE, MIDOWED, DIVORCED,	The state of the s
	19 W (Specify) S 12-2	3-55 18 days Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work of the control of the con	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
1	refired)	MARYLAND COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JOSEPH FLOYD VENER	PATRICIA MACAFEC
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
5 %	(Yas, no, or unk.) (II Yes, give wer or detes of service)	Mother - birth certifical.
	18. MEDICAL GER	TIPICATION INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	MISCONIUM H	ERITONITIS ?
	ANTECEDENT CAUSE(S) DUE TO TATE	0
	DISEASES OR CONDITIONS, IF ANY, (B)	HTRESIA ?
	STATING UNDERLYING , GAUSE LAST, DOE 10	
	(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	
Ų	THE STATE OF OFERALION	20. AUTOPSY? YES NO
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Jerm, Jectory, 21	c. WHERE DID INJURY OCCUR? (City or town) (County) (Slate)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	If, HOW DID INJURY OCCUR?
	M. et work et work	
	22. I hereby certify that I attended the deceased from 12-23	19 53 to 1-10 1956 that I led saw the descend
	alive on 1-10	510P M from the causes and on the date stated above
10M	SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
	- Dred Hardent M.D.	220 N. Treas Cat St 1-10-17
ž	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR THE	REMATORY LOCATION (City, town, or county) (State)
A15C 1-55	Berrial 1/11/56 M. Ol	evit Frederich Mid
VS /	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS.
	DATE 11 ROW 1957 Philade to the only	H. E. Cart for Frodo b mc
1	and the state of t	or coury or Vicuent my
	· · · · · ·	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

/S. A15 — 10 - 53

ASE

alive on 1/20/....., 1956, and that death occurred at:15 AM, from the causes and on the date stated above. ADDRESS DATE SIGNED Cullen, Maryland M. D. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION, REMOYAL (SPECIFY) Washington, D. C. 1-23-56 Mt. Olivet Burial F. Gasch's Sons, Hyattsville, Mg. DATE REC'D BY LOCAL REGISTRAMS SIGNATURE REGISTRAR

579

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

I. PLACE OF DEAT	NI.	The specific control of the second section of the sect	1 2. USUAL RESIDENCE	(HOME) OF DECEASED.	
COUNTY Free	lerick	MARYLAND	STATE Maryla	PAT	JNTY Frederick
			CITY (If outside corpo	rate limits, write RURAL an	d give nearest town)
OR give nearer	ederick	(hy this place)	TOWN Fre	ederick	11
HOSPITAL OR INSTITUTION O STREET ADDRI	OR ESS Enroute To Ho	ospital	STREET ADDRESS 116	(If rural, give location West Church Str	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	
(Type of Print) 5. SEX	6. COLOR OR RACE	DAVID 7. SHYPLE, MARRIED, WIDOWED, DIVORDED, (Specify) MATTIED	8. DATE OF BIRTH	Mo:	inder I year If under 24 hr nths Days Hours Min.
Marke 10a. USUAL OCCUI done during most of	White PATION (Give kind of work working life, even if retired) an	10b. KIND OF BUSINESS OR	Sept.10,1883		I2. CITIZEN OF WHAT
		Poultry Co.	Maryla		USA USA
13. FATHER'S NA			14. MOTHER'S MAIDE		
	James White			en Crum	
(Yes, no, or unknown	EVER IN U.S. ARMED FORCES (If yes, give ever or dates of service)	1 16. SOCIAL SECURITY No. 214-10-1293	Mrs.Ellen L. V	White, Frederic	t Church St.,
		IB. MEDICAL CE	RTIFICATION		
I. DISEASES OR C		LEADING TO DEATH	Thomas	2010	INTERVAL BETWEEN ONSET AND DEATH
Antecede Diseases or	enf cause(s) conditions, if any, to the above cause	antin Sal	andro	**************************************	ner+
	underlying cause last				
Conditions contrib	TCANT CONDITIONS outing to the death but not are or condition causing deat	h.			
19a. DATE OF OPI	ERATION 19b. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 📆
21. EXTERNAL CAPRIMARY OF CAUSE OF DEAT	ONTRIBUTING OF	CE (Home, farm, Inctory, atreet, office bldg., etc.)	(CITY OR		leme ml
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY O	CCUR7	
obtained by sa	id Autonsy, Inspection of	ins described above, held an A r Inquiry, find that said dece], suicide □, homicide □, (Degree or title)	ased died on the day sta	X, Inquiry [] thereon of the death in the d	and from the evidence my opinion resulted DATE SIGNED
	home na		. , Frederick,		1/7/1956
23. BURIAL, GRAA RHMODAL (Spe Buria	fily) DATE THEREO			Frederick, Ma	county) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	or & Son, Freder:	ick, Maryland
0	1				

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. in especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DEVIENE OF NAL

BUREAU V. S.

PLAINLY, WITH UNFADING INK. Supply every item of information

carefully. The

VS. A15

610 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00599 CERTIFICATE OF DEATH Reg. Dist. No. 131

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:	
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Fred	lerick	
(If outside corporate limits, write RURAL or and give nearest town) Frederick-Rural-R.D.#4 LENGTH OF STAY (in this place) Years	CITM If outside corporate limits, write RURAL OR Frederick-Rur	and give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location ADDRESS	n)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)	
	LES DEATH: January	23, 1956	
5. SEX: 6. COLOR OR 7. SHNGLE. MARRIED. 8. DATE WHOWED, BIVORCED. Married Septemb	of BIRTH: 9. AGE last birthday IF UNDER of 20,1878 77 yrs. Months	Days Hours Min.	
OA. USUAL OCCUPATION (Give kind of OR KIND OF BUSINESS work done during most of working life. OR INDUSTRY: Hetired armer and Carpenter	II. BIRTHPLACE (State or foreign country): 12	CITIZEN OF WHAT	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Frederick E. Wiles	Susan F. Corun		
(Yes, no, or unk.) (If Yes, give war or dates of service) No 579-07-8988	Leslie E.Wiles, Frederick, R.F	.D.#L. Md.	
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
33 MMEDIATE CAUSE (A) Ciribra	of granolized arterios is	6 7085	
ANTECEDENT CAUSE (S)			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	of granding arteres loss is	6 yrs	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	o condity	8.40	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?	
		YES NOVX	
21A. ACCIDENT WAS UNDERLYING OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Courte, etc. INJURY OCCUR?	nty) (State)	
OF INJURY (Month) (Day) (Year) (Hour) 21g INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 13, 1953, to 123, 1956, that I last saw the alive on 1950, and that death occurred at 5:20A M, from the causes and on the date stated ab ADDRESS DATE SIGNATURE M. D. Jefferson, Maryland 1/21/1 23. BURIAL CREMATION DATE THEREOF 1. NAME OF CREMATORY 1. LOCATION (City, town, or county)			
Burial, CARMATION, DATE THEREOF NAME OF CEMETI REMOVAL, (SPECIFY) Jan. 25, 1956 b St. Luke's C		Maryland	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
REGISTRAR 195-6 EN OUT & HOLD	M. R. Etchison & Son, Frederi	ck, Maryland	

BUREAU V. S.

JUNE 38 NAL

BECEINED